

DEPARTMENT OF NURSING
 RESTRAINT FLOW SHEET
 DATE: _____

HealthCare

TIME	TYPE OF RESTRAINT	COGNITION BEHAVIOR	SAFETY: Q15 min for Behavioral Q1 hr for Acute MS	NUTRITION Q2H	TOILETING Q2H	CIRCULATION Q2H	TRIAL RELEASE Q2H	INITIALS
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0100								
0200								
0300								
0400								
0500								
0600								
0700								
0800								
0900								
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1300								
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2100								
2200								
2300								

TYPE: Soft limb: BUE - Bilateral Upper Extremities BLE - Bilateral Lower Extremities RUE - Right Upper Extremities
 LUE - Left Upper Extremities RLE - Right Lower Extremity LLE - Left Lower Extremity
 M - Mittens SV - Soft Vest FB - Full Body FS - Full Side rails GC - Geri-Chair
 MED - Medication document administration on MAR
 Write in any method/device not listed that is used as a restraint

COGNITION: C - Confused D - Disoriented DE - Delirious DU - Delusional H - Hallucinating
 L - Lack of awareness of potential unintended harm to self U - Unable to follow instructions

BEHAVIOR:
 1 - Persistently trying to disconnect/dislodge medical equipment
 2 - Moving/thrashing in a manner that interferes with care
 3 - Disrupting a surgical/wound site in a manner that could compromise healing
 4 - Attempting to ambulate in a weakened condition
 5 - Unanticipated outburst of aggressive/destructive behavior posing imminent risk of harm to self or others

SAFETY: ✓ = visual reassessment of patient's general safety, integrity of restraints
NUTRITION: ✓ = fluid and nutrition needs assessed and addressed
TOILETING: ✓ = toileting needs assessed and addressed
CIRCULATION: ✓ = restraint removed and reapplied, skin and circulation of affected limb intact, ROM and repositioning done
TRIAL RELEASE: A - Assessed not appropriate RR = Released, Removed RA - Released, reApplied

CAREGIVER SIGNATURE, TITLE, INITIALS