**Restraint usage for BEHAVIORAL situations require constant observation of the patient.**

<table>
<thead>
<tr>
<th>IMMOBILIZATION CHECKSHEET</th>
<th>TIME</th>
<th>Color/Warmth/Skin Every 2 hours</th>
<th>Position Change Hydration, Toileting Every 2 hours</th>
<th>Removal of Restraints, ROM Every 2 hours</th>
<th>Response to Restraints Every 2 hours*</th>
<th>Reason for Restraints Still Evident</th>
<th>Vital Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt./Family Education Sheet on Chart?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>( ) Yes ( ) No</td>
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</tr>
</tbody>
</table>

ORDER APPLIED

Date: 

Time: 

EARLY RELEASE

Time: 

REAPPLICATION

Time: 

EARLY RELEASE

Time: 

COMMENTS:

SIGNATURES:

SIGNATURES:

*Codes for Response Column: Q=Quiet; S=Sleeping; C=Calm; R=Restless

**See Physician Order Sheet for Specific Behavior