



PATIENT I.D. DATA:
(name, DOC #, birthdate)

RESTRAINT SAFETY CHECKLIST

DATE	FACILITY
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Per DOC 420.255 Emergency Restraint Chair and Multiple Restraint Bed (RESTRICTED), individuals may be placed by custody employees in a restraint chair or multiple restraint bed, under certain highly restricted circumstances, with authorization by the Superintendent/Duty Officer, or in an emergency, the Shift Commander.

Though consultation with the Facility Medical Director (FMD) is mandated for restraint bed authorization, safe practice indicates the bedside nurse to confer with the FMD to ensure a safe care plan.

This checklist is provided as a tool for health care providers to best supervise the patient's safety in accordance with current policy. It is not meant as a substitute for application of policy or for appropriate clinical care based on the training and experience of the licensed provider(s) on duty. Initial where checked.

See back for list of appropriate forms.

PROVIDER (NURSE) SAFETY CHECKLIST	
To be completed upon initial placement	
<input type="checkbox"/>	Notify responsible medical and mental health practitioners of placement in emergency restraint chair.
<input type="checkbox"/>	Document initial patient assessment on the appropriate Restrained Patient Assessment form and make a reference note on appropriate encounter form that the patient is placed in restraint.
<input type="checkbox"/>	Document patient assessment at least EVERY 15 MINUTES the first hour on Restrained Patient Assessment form.
<input type="checkbox"/>	Hand off the patient's status and ongoing documentation/assessment needs to next shift.
<input type="checkbox"/>	Use of restraint chair is authorized for a maximum of 2 hours; assess patient upon release.
Upon Authorization of Multiple Restraint Bed	
<input type="checkbox"/>	If multiple restraint bed initiated, verify that the FMD is aware, and confer with responsible on site/on call medical and mental health practitioners for safe plan of care while patient is under restraint. To include reviewing the patient's medical history and medications with the prescriber, and making note of blood clot/bleeding history. Consider any new orders (i.e., blood clot prophylaxis) needed.
<input type="checkbox"/>	Document initial patient assessment on appropriate Restrained Patient Assessment form.
At Least Every 2 hours on Multiple Restraint Bed	
<input type="checkbox"/>	Document patient assessment on Restrained Patient Assessment form at least every 2 hours and after every opportunity to stand and walk. <i>Remember to keep a high index of suspicion for PE/DVT at each assessment.</i>
<input type="checkbox"/>	Offer fluids and nourishment at least every 2 hours unless patient asleep, and document per policy.
<input type="checkbox"/>	Facilitate and document stretching/limb movements every 2 hours, or document refusal, per policy.
<input type="checkbox"/>	Facilitate and document standing/walking for at least 10 minutes every 12 hours, or document refusal, per policy.
<input type="checkbox"/>	<i>Hand off patient status and ongoing documentation/assessment needs to next shift.</i>
<input type="checkbox"/>	Review patient status daily with FMD and/or site practitioner designee.
<input type="checkbox"/>	File Restrained patient Assessment in appropriate section of the health record.

****Responsible nurse to continue hand off on the patient's status, ongoing documentation, and assessment needs to relief shift or employee(s)/contract staff receiving patient if transferred as per usual nursing practice, for duration of restraint.****

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



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PRACTITIONER (FMD/DESIGNEE) CHECKLIST

To be completed upon initial placement

- If restraint is requested for medical/mental health reasons, document any less restrictive measures attempted and results of those attempts in patient's health record on the appropriate encounter form.

Upon Authorization of Multiple Restraint Bed

- FMD/practitioner designee must document patient assessment EVERY WORKING DAY following the initial restraint placement on the appropriate encounter form in the health record. *Check initial documentation, then share the patient handoff with next shift or covering practitioner.*

- Consider risk of venous thrombosis and pulmonary embolus and need for prophylactic anticoagulation or emergent testing to rule out these diagnosis at each assessment.

MENTAL HEALTH PROVIDER CHECKLIST

- If restraint requested for mental health reasons, a mental health provider will assess the patient EVERY WORKING DAY following initial placement and document on the appropriate encounter form in the patient's health record. *Check off documentation, then share the patient handoff with next shift or covering practitioner.*

Appropriate Restrained Patient Assessment forms:

- For patient in Close Observation, use 13-560 Close Observation Restrained Patient Assessment
- For patient admitted to an Infirmary or Extended Observation Unit, use 13-566 Infirmary/Extended Observation Unit Restrained Patient Assessment
- For all other patients, use 13-418 Restrained Patient Assessment

Appropriate Encounter forms:

- For patient in Close Observation, use 13-556 Close Observation Progress Record
- For patient admitted to an Infirmary or Extended Observation Unit, use 13-013 Infirmary/Extended Observation Unit Progress Record
- For all other patients, Medical providers are to use 13-435 Primary Encounter Report (PER), Mental Health providers are to use 13-538 Mental Health Encounter Report.

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