**DOCTOR’S ORDERS**

Restraint Ordering Form for Medical/Surgical/Intensive Care

PLEASE USE BALL POINT PEN ONLY

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**RESTRAINT ORDER FOR NON VIOLENT/NON SELF DESTRUCTIVE PATIENT (INITIAL ORDER IS 24 HOURS)**

<table>
<thead>
<tr>
<th>Date: __________________</th>
<th>Time: __________________</th>
<th>Unit: __________________</th>
</tr>
</thead>
</table>

Restraint Type: __ Restraints (soft tied wrist, unless otherwise specified) ____ Posey ____ Other (specify)________

**A. Patient attempts to:**

- ____ Pull out IV/invasive lines
- ____ Dislodge ENT tube/trach oxygen therapy
- ____ Pull out NG/feeding tubes
- ____ Pull out catheters/drains
- ____ Specify __________________________

**B. Reason for restraint:**

- ____ Neurological impairment due to anesthesia/sedation
- ____ Altered level of consciousness
- ____ Unable to comprehend the need for treatment
- ____ Medically unstable interruption of medical treatment is life threatening

**C. Release criteria includes (Physician must indicate criteria):**

- ____ Oriented to environment
- ____ Cooperative
- ____ Sitter available
- ____ Extubated
- ____ Invasive tubes/lines discontinued

**Verbal Order by Physician:**

MD/____ RN Date: ________ Time: __________

Physician signature: ___________________________ Date: ________ Time: __________

Order verified and processed by (RN): ___________________________ Date: ________ Time: __________

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**VIOLENT/SELF DESTRUCTIVE PATIENT RESTRAINT INITIAL ORDER**

<table>
<thead>
<tr>
<th>Date: __________________</th>
<th>Time: __________________</th>
<th>Physician notified (time): __________________</th>
</tr>
</thead>
</table>

**PHYSICIAN ASSESSMENT** (To be completed by the physician in a face-to-face evaluation within 1 hour.)

Rationale for restraint use: ____ Agitated  ____ Aggressive/combative  ____ Self-abusive behavior

________________________ (other behavior that constitutes a safety risk – specify)

**PATIENT’S REACTION TO RESTRAINT INTERVENTION** (Check all that apply)

- ____ Calming  ____ Processing  ____ Refusing to process  ____ Aggression continues

**MEDICAL AND BEHAVIORAL CONDITION EVALUATED** – Patient's condition warrants the continuation of restraint

- ____ Yes  ____ No  Comments: __________________________

**RELEASE CRITERIA for Discontinuation of Restraint:**

- ____ Oriented to the environment  ____ Refrains from physical aggression
- ____ Refrains from destructive acts  ____ No longer a threat to themselves or others

Type of restraint: ____ soft wrist  ____ leather  ____ all 4 side rails elevated  ____ (other, specify)

**CHEMICAL:**

Medication: ___________________________ Reason: ___________________________

Time Limit: ____ 4 hours for adults 18 and over  ____ 2 hours for children 9-17  ____ 1 hour for patients under age 9

**Physician Assessment Signature:** ___________________________ Date: ________ Time: __________

**Attending Physician Consulted:** ___________________________ Date: ________ Time: __________

**Attending Physician Countersignature:** ___________________________ Date: ________ Time: __________

**RN Signature:** ___________________________ Unit: __________ Date: ________ Time: __________

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**VIOLENT/SELF DESTRUCTIVE PATIENT RESTRAINT RENEWAL ORDERS**

**RENEWAL ORDER:** Restraint renewal, face-to-face re-evaluation required every 4 hrs for ages 17 and below; every 8 hrs for ages 18 and over.

Date: __________ Time: __________ MD Signature: ___________________________

Date: __________ Time: __________ MD Signature: ___________________________

Date: __________ Time: __________ MD Signature: ___________________________

Date: __________ Time: __________ MD Signature: ___________________________

Date: __________ Time: __________ MD Signature: ___________________________

Date: __________ Time: __________ MD Signature: ___________________________
## UTMC ORDER FORM

### Specifications

<table>
<thead>
<tr>
<th>Form Description</th>
<th>Restraint Ordering Form for Medical/Surgical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Form Number</td>
<td>RE001</td>
</tr>
</tbody>
</table>

#### Print

- **Sides**
  - [ ] Front
  - [ ] Front & Back

- **Stock**
  - [x] 20# White
  - [ ] 60# Pastel
  - [ ] 2 pt carbonless
  - [ ] 3 pt carbonless
  - [ ] 4 pt carbonless
  - [ ] 5 pt carbonless
  - [ ] other carbonless
  - [ ] Other Stock
  - [ ] Special Instructions (see below)

- **Finishing**
  - **Padding**
    - [ ] Top
    - [ ] Left
    - [ ] _____ sheets / pad
    - [ ] _____ sheets / pack

- **Unit Size**
  - [ ] 25 to a pack
  - [ ] 50 to a pack
  - [ ] 100 to a pack
  - [ ] Special Instructions (see below)

- **Packaging**
  - [ ] Yes
  - [ ] No
  - [ ] _____ units / wrap

#### Special Instructions:

(Blank Line)

(Blank Line)

(Blank Line)