

D. Hospital-Reported Restraint/Seclusion Information:

1. Type: Physical Restraint _____ Seclusion _____ Drug Used as a Restraint _____

1a. Restraint Type(s) Details: _____

For Drug Used as Restraint: Drug Name _____ Dosage _____

Number of Doses Given _____ Adverse Reaction? Yes ___ No ___

2. Most Recent Restraint/Seclusion Order Date & Time: _____

2a. Date & Time Restraint/Seclusion Applied: _____

2b. Total Length of Time in Restraint/Seclusion: _____

2c. Date & Time Last Monitored: _____

2d. If simultaneous restraint & seclusion was ordered, describe continuous monitoring

method(s): _____

3. Reason(s) for Restraint/Seclusion use: _____

4. Was restraint/seclusion used to manage violent or self-destructive behavior? Yes ___ No ___
(If No, Skip Questions 5 – 6)

5. If used for violent/self-destructive behavior, was 1 hour face-to-face evaluation documented?
Yes ___ No ___

5a. Date/Time of Last Face-to-face Evaluation: _____

6. If used for violent/self-destructive behavior, was the order renewed at appropriate intervals based on the patient's age? Yes ___ No ___

Note: orders may be renewed for up to a total of 24 hours, at the following intervals:

> 18 years old – every 4 hours

9 – 17 years old – every 2 hours

< 9 years old – every hour