

**RESTRAINT ORDER/MEDICAL SURGICAL**

**COMPLETE ON INITIATION AND EACH CALENDAR DAY**

**SECTION A- TO BE COMPLETED BY THE NURSE**

**Risk factors/trigger assessed prior to initiation:**

- disturbing wounds
- disturbing airway devices
- disturbing invasive devices
- patency/positioning of lines and tubes
- combative
- disorientation
- pain
- alteration in oxygenation
- alteration in lab values (electrolytes, blood glucose)
- neurological status
- cardiovascular instability
- lack of family support
- sleep patterns
- wandering
- instability/gait
- discomfort related to wet/soiled
- elimination/toileting
- thirst/hunger
- medication changes/side effects
- hearing
- vision
- language barrier
- room temperature
- other \_\_\_\_\_

**The following alternative measures were considered/attempted prior to implementation/continuation of restraints and were determined to be ineffective:**

- eliminating bothersome treatment
- environmental Modifications
- reality orientation/verbal intervention
- diversional activities
- companionship
- providing comfort measures
- medication review and management
- evaluate/administer medications
- close observation by staff
- patient education
- sensory equipment working & within reach
- other \_\_\_\_\_

**Behavior unresolved by alternative measures:**

- Interference with Treatment
- Other \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

\*\*\*\*\*FOR THE INITIATION OF RESTRAINTS ONLY\*\*\*\*\*

Notified Dr. \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**SECTION B- TO BE COMPLETED BY THE MD**

TYPE OR RESTRAINT: WRIST  Right  Left ANKLE  Right  Left VEST/BELT  MITTENS

Signature of Physician: \_\_\_\_\_  
(Signature indicates face-to-face evaluation performed on this patient)

Date and Time of Physician Evaluation: Date: \_\_\_\_\_ Time: \_\_\_\_\_

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL



Patient Label



Static Barcode

PO0031

**RESTRAINT ORDER  
MEDICAL/SURGICAL**

72-040 (11/06)

Hole 1/4 2 3/4 - 3-Hole 1/4 4 1/4