

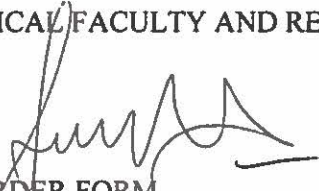


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January 19, 2016

MEMORANDUM

TO HOWARD UNIVERSITY HOSPITAL CLINICAL FACULTY AND RESIDENTS

FROM SHELLY R. McDONALD-PINKETT, M.D.
CHIEF MEDICAL OFFICER 

SUBJECT ANNOUNCING THE NEW RESTRAINT ORDER FORM

Please be advised that effectively immediately, the attached Restraint Order Form (FF0848 revised 1/16/2016) is to be used for all restraint orders and is now available in Form Fast.

All previous versions of the Restraint Order Form are to be discarded.

Thank you for your cooperation as we work to further improve quality of care at Howard University Hospital.

ALL ORDERS MUST BE WRITTEN IN THE METRIC SYSTEM AND INCLUDE DATE, TIME, AND PRESCRIBER'S SIGNATURE.
 ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND CONTENT MAY BE DISPENSED BY THE HOSPITAL PHARMACY
 UNLESS SPECIFIED "BRAND ONLY" BESIDE DRUG.

NO KNOWN ALLERGIES

DIAGNOSIS: _____

ALLERGY and MEDICATION SENSITIVITY INFORMATION <i>(Transfer to each new order)</i>

AGE: _____ WT.: _____ HEIGHT: _____

Every Shift Check; Date/Time: _____ Signature: _____

INSTRUCTIONS: (1) Please date/time and sign all orders.
 (2) Complete the appropriate column for non-violent (medical) or violent (behavioral) restraint.
 (3) Use a separate order form each time a restraint order is required.

DO NOT USE
 the following
 abbreviations:

U
 IU
 QD
 QOD
 MS
 MSO₄
 MgSO₄
 ug
 TIW
 AS
 AD
 AU
 OS
 OD
 OU

&

Trailing
 zero after
 whole
 number
 (i.e. 5.0 mg)

MUST USE
 the following
 abbreviation:

Leading
 zero
 before a
 less than
 whole
 number
 (i.e. 0.5 mg)

ORDERED DATE / TIME	RESTRAINT TYPE: Non-Violent / Non-Self Destructive (Medical)	RESTRAINT TYPE: Violent / Self Destructive (Behavioral)
	Purpose (check all that apply): <input type="checkbox"/> Patient is attempting to remove medically needed equipment because of confusion and/or lack of ability to comprehend the reasons for medical devices, i.e., tubes, lines, drains. <input type="checkbox"/> Patient is not responsible for safe decision making and may accidentally or purposefully harm themselves. <input type="checkbox"/> Less restrictive measures considered or attempted & failed.	Purpose (check all that apply): <input type="checkbox"/> Patient at risk for harm to self/others related to aggressive/violent behavior and less restrictive measures considered, attempted & failed. <input type="checkbox"/> Patient behavior disrupts environment so that treatment cannot take place. <input type="checkbox"/> Less restrictive measures considered or attempted & failed.
	Time Limited Restraint Orders (check one): <input type="checkbox"/> Initial <input type="checkbox"/> Renew Expected Duration _____ Hours <i>Maximum Duration 24 Hours and must be discontinued when criteria for release has been met.</i> New order must be placed after expiration with face-to-face physician encounter. The order for continued use of restraint or seclusion after the first 24 hours is based upon the Physician or LIP's daily examination of the patient (no less often than once every 24 hours by Physician or LIP).	Time Limited Restraint Orders (check one): <input type="checkbox"/> Emergency <input type="checkbox"/> Initial <input type="checkbox"/> Renew Check one: <input type="checkbox"/> 4 hours for adults (18 years or older) <input type="checkbox"/> 2 hours for adolescents (9 years – 17 years) <input type="checkbox"/> 1 hour for pediatric patients (less than 9 years) Restraint must be discontinued when criteria for release has been met. May renew consecutively in accordance with prescribed time limits not to exceed 24 hours. After 24 hours, a face-to-face evaluation is required before writing a new restraint order.
	Restraint Type: <input type="checkbox"/> Soft limb holder <input type="checkbox"/> LUE <input type="checkbox"/> RUE <input type="checkbox"/> LLE <input type="checkbox"/> RLE <input type="checkbox"/> Secured mittens <input type="checkbox"/> LUE <input type="checkbox"/> RUE <input type="checkbox"/> LLE <input type="checkbox"/> RLE <input type="checkbox"/> Side rails that patient cannot remove	Restraint Type: <input type="checkbox"/> Hard restraint <input type="checkbox"/> LUE <input type="checkbox"/> RUE <input type="checkbox"/> LLE <input type="checkbox"/> RLE <input type="checkbox"/> Twice-As-Tuff (TAT) <input type="checkbox"/> LUE <input type="checkbox"/> RUE <input type="checkbox"/> LLE <input type="checkbox"/> RLE
	Criteria for release: Restraints to be released at the earliest possible time for any one of the following: Patient able to comply with medical treatment. Patient able to understand safety instructions.	Criteria for release: Restraints to be released at the earliest possible time for any one of the following: Patient no longer displaying violent or self destructive behavior. Patient able to comply with safety instructions. Patient able to comply with medical treatment. IMPORTANT: In this category for violent/self-destructive behavior, the Physician / LIP / RN must document in the medical record to support criteria for release.

Time Order Scanned: _____	Verbal Order: <input type="checkbox"/> Yes _____ Date/Time
_____ Physician's Signature	_____ Date/Time
_____ Nurse's Signature	_____ Date/Time

HU HOWARD UNIVERSITY HOSPITAL **RESTRAINT ORDER FORM**

