

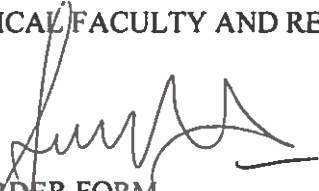


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January 19, 2016

## 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

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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  
 (Transfer to each new order)

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:

ORDERED  
 DATE / TIME

- U
- IU
- QD
- QOD
- MS
- MSO<sub>4</sub>
- MgSO<sub>4</sub>
- 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)

**RESTRAINT TYPE: Non-Violent / Non-Self Destructive (Medical)**

**Purpose (check all that apply):**  
 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.  
 Patient is not responsible for safe decision making and may accidentally or purposefully harm themselves.  
 Less restrictive measures considered or attempted & failed.

**Time Limited Restraint Orders (check one):**  
 Initial  Renew  
**Expected Duration \_\_\_\_\_ Hours**  
*Maximum Duration 24 Hours and must be discontinued when criteria for release has been met.*  
 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).

**Restraint Type: Restraint Location:**  
 Soft limb holder  LUE  RUE  LLE  RLE  
 Secured mittens  LUE  RUE  LLE  RLE  
 Side rails that patient cannot remove

**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.

**RESTRAINT TYPE: Violent / Self Destructive (Behavioral)**

**Purpose (check all that apply):**  
 Patient at risk for harm to self/others related to aggressive/violent behavior and less restrictive measures considered, attempted & failed.  
 Patient behavior disrupts environment so that treatment cannot take place.  
 Less restrictive measures considered or attempted & failed.

**Time Limited Restraint Orders (check one):**  
 Emergency  Initial  Renew  
**Check one:**  
 4 hours for adults (18 years or older)  
 2 hours for adolescents (9 years – 17 years)  
 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: Restraint Location:**  
 Hard restraint  LUE  RUE  LLE  RLE  
 Twice-As-Tuff (TAT)  LUE  RUE  LLE  RLE

**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:**  
 \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date/Time \_\_\_\_\_  
 Nurse's Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

**Verbal Order:**  Yes  
 \_\_\_\_\_ Date/Time \_\_\_\_\_  
 Physician's Signature \_\_\_\_\_ Date/Time \_\_\_\_\_  
 Nurse's Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

**HU** HOWARD UNIVERSITY HOSPITAL **RESTRAINT ORDER FORM**

