UVA Health

1000000

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

DOWNTIME NON-BEHAVIORAL RESTRAINT FLOWSHEET

Date of Episode: _____

Type of Restraint (Check all that apply)

☐ Mitt x _____
☐ Side rails up x 4
☐ Roll belt
☐ Limb restraints x _____
☐ Elbow extender x _____
☐ Enclosure bed
☐ Other: _____

Note: Gap protectors are required when patients are at risk for entrapment

Current order? ☐ **Yes** ☐ **No** ☐ **Initiation of restraint** **Time Initiated**: _____

Date and Time order expires _____ ☐ **Continuation of restraint**

Clinical justification for restraint (Check all that apply)

☐ Pulling essential lines
☐ Pulling essential tubes
☐ Engaging in unsafe behavior
☐ Removing essential equipment
☐ Removing essential dressings
☐ Other:

Less restrictive alternatives to restraints attempted (Check all that apply)

☐ 1:1 Observation
☐ Family/Care Partner involvement
☐ Decreased stimulation
☐ Review of labs/meds
☐ Use of assistive devices
☐ Pain management
☐ Activity/ambulation
☐ Explain need for tubes/lines
☐ Wrap/cover/secure site/tubing
☐ Regular toileting
☐ Bed alarm system
☐ Redirection/Reorientation
☐ Other: _____

Education (to be completed upon initiation of restraints; check all that apply)

Patient Intervention and criteria for discontinuation of restraint explained Time: _____

☐ Expressed understanding ☐ Needs reinforcement ☐ Patient condition precludes teaching ☐ Refused teaching

Family Intervention and criteria for discontinuation of restraint explained Time: _____

☐ Expressed understanding ☐ Needs reinforcement ☐ No evidence of learning ☐ Unable to contact

Discontinuation criteria met (Check all that apply)

☐ Absence of behavior requiring restraints ☐ D/C of essential therapies ☐ Appropriate sedation (ICU)

Comments: _____

Time Discontinued: _____

RN Name/Signature: _____

Instructions:

- **Monitor patient every hour, with more frequent monitoring based on patient condition.**
- **Even Hours: RN Assessment required. Complete and initial.**
- **Odd hours: RN or PCA patient safety check required. Complete and initial.**
- **Patient Safety Check includes: Skin/Circulation/Position, Nutrition/Hydration, Elimination and Proper Restraint Application.**

Time	Patient Response (Check all that apply)	Staff Interventions	RN Assessment/ Criteria for Removal Met	Initials
00:00	☐ Unable to follow direction ☐ Disrupting Therapies ☐ Calm ☐ Drowsy ☐ Restless ☐ Agitated ☐ Combative ☐ Other _____	☐ Patient Safety Check ☐ Emotional Support	☐ Yes ☐ No	_____
01:00		☐ Patient Safety Check		_____
02:00	☐ Unable to follow direction ☐ Disrupting Therapies ☐ Calm ☐ Drowsy ☐ Restless ☐ Agitated ☐ Combative ☐ Other _____	☐ Patient Safety Check ☐ Emotional Support	☐ Yes ☐ No	_____
03:00		☐ Patient Safety Check		_____
04:00	☐ Unable to follow direction ☐ Disrupting Therapies ☐ Calm ☐ Drowsy ☐ Restless ☐ Agitated ☐ Combative ☐ Other _____	☐ Patient Safety Check ☐ Emotional Support	☐ Yes ☐ No	_____
05:00		☐ Patient Safety Check		_____
06:00	☐ Unable to follow direction ☐ Disrupting Therapies ☐ Calm ☐ Drowsy ☐ Restless ☐ Agitated ☐ Combative ☐ Other _____	☐ Patient Safety Check ☐ Emotional Support	☐ Yes ☐ No	_____
07:00		☐ Patient Safety Check		_____
08:00	☐ Unable to follow direction ☐ Disrupting Therapies ☐ Calm ☐ Drowsy ☐ Restless ☐ Agitated ☐ Combative ☐ Other _____	☐ Patient Safety Check ☐ Emotional Support	☐ Yes ☐ No	_____
09:00		☐ Patient Safety Check		_____
10:00	☐ Unable to follow direction ☐ Disrupting Therapies ☐ Calm ☐ Drowsy ☐ Restless ☐ Agitated ☐ Combative ☐ Other _____	☐ Patient Safety Check ☐ Emotional Support	☐ Yes ☐ No	_____
11:00		☐ Patient Safety Check		_____
12:00	☐ Unable to follow direction ☐ Disrupting Therapies ☐ Calm ☐ Drowsy ☐ Restless ☐ Agitated ☐ Combative ☐ Other _____	☐ Patient Safety Check ☐ Emotional Support	☐ Yes ☐ No	_____
13:00		☐ Patient Safety Check		_____
14:00	☐ Unable to follow direction ☐ Disrupting Therapies ☐ Calm ☐ Drowsy ☐ Restless ☐ Agitated ☐ Combative ☐ Other _____	☐ Patient Safety Check ☐ Emotional Support	☐ Yes ☐ No	_____
15:00		☐ Patient Safety Check		_____
16:00	☐ Unable to follow direction ☐ Disrupting Therapies ☐ Calm ☐ Drowsy ☐ Restless ☐ Agitated ☐ Combative ☐ Other _____	☐ Patient Safety Check ☐ Emotional Support	☐ Yes ☐ No	_____
17:00		☐ Patient Safety Check		_____
18:00	☐ Unable to follow direction ☐ Disrupting Therapies ☐ Calm ☐ Drowsy ☐ Restless ☐ Agitated ☐ Combative ☐ Other _____	☐ Patient Safety Check ☐ Emotional Support	☐ Yes ☐ No	_____
19:00		☐ Patient Safety Check		_____
20:00	☐ Unable to follow direction ☐ Disrupting Therapies ☐ Calm ☐ Drowsy ☐ Restless ☐ Agitated ☐ Combative ☐ Other _____	☐ Patient Safety Check ☐ Emotional Support	☐ Yes ☐ No	_____
21:00		☐ Patient Safety Check		_____
22:00	☐ Unable to follow direction ☐ Disrupting Therapies ☐ Calm ☐ Drowsy ☐ Restless ☐ Agitated ☐ Combative ☐ Other _____	☐ Patient Safety Check ☐ Emotional Support	☐ Yes ☐ No	_____
23:00		☐ Patient Safety Check		_____

Comments:

Name/Signature/Initials/Shift_____ Name/Signature/Initials/Shift_____

Name/Signature/Initials/Shift_____ Name/Signature/Initials/Shift_____

Name/Signature/Initials/Shift_____ Name/Signature/Initials/Shift_____