# SECLUSION / RESTRAINT
For Emergency Safety Situations

## SECLUSION / RESTRAINT MONITORING RECORD

**Name of Hospital**

### CONSUMER IDENTIFICATION

- **TYPE:**
  - Seclusion - Requires continuous monitoring
  - Manual Hold or Manual Restraint
  - Mechanical Restraints, Ambulatory — Requires continuous monitoring
  - Mechanical Restraints, Non-ambulatory — Requires continuous monitoring
  - 5 point
  - 4 point
  - 2 point
  - Other

- **Staff Member Assigned:**

**Date/Time Procedure Started:**

<table>
<thead>
<tr>
<th>Assistance Offered</th>
<th>Observations of Condition</th>
<th>Time</th>
<th>CIRCULATION CHECKS every 15 MIN</th>
<th>FLUIDS EVERY HR</th>
<th>V/S EVERY 30 min. (B/P, P, R) During Restraint</th>
<th>ROM EVERY 2 Hrs. for 10 MINS. Mech. Restrsts. Only</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Encouraged to relax</td>
<td>Every 15 minutes</td>
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<td>2. Encouraged to breathe deeply and slowly</td>
<td>Reminder: If the consumer is sleeping, this means criteria for release has been met</td>
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<td>3. Reminded of criteria for release</td>
<td>List all that apply</td>
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<td>4. Listened</td>
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<td>5. Asked what triggered the event</td>
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<td>6. Asked how staff could be of assistance in minimizing future occurrences of S/R</td>
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### Time

- **Every 15 minutes**
- Reminder: If the consumer is sleeping, this means criteria for release has been met

### CIRCULATION CHECKS every 15 MIN
- List all that apply

### FLUIDS EVERY HR

- **ROM EVERY 2 Hrs. for 10 MINS. Mech. Restrsts. Only**

### Nursing Evaluation every 2 hours and at the time of release:

**Signature of Nurse**

**Date**

### Mechanical Restraints Only

- **Circulation Checks:**
  - ADEQUATE (+)
  - INADEQUATE (-)

### Notes:
- Document and report any injury while consumer is in restraint or seclusion.

### Codes for fluids, bathroom, food:
- **A** – Accepted
- **R** – Refused
- **S** – Sleeping (Criteria for release met)
- **O** – Other (Specify)