

Appendix W: Example: Observation and Documentation Record: 12-Hour Emergency Use of Chemical Restraint, Seclusion & Mechanical Restraint Record

12 -HOUR EMERGENCY USE OF CHEMICAL RESTRAINT, SECLUSION & MECHANICAL RESTRAINT RECORD

Complete when emergency chemical restraints, seclusion, and/or mechanical restraints are used

Please consult the following CAMH policy: Emergency Use of Chemical Restraint, Seclusion and Mechanical Restraint Policy

Requirements for Emergency Seclusion and Restraint Usage

- 1) A physician's order is needed for emergency restraint.
- 2) If a physician is not available in an emergency:
 - a) An RN obtains a telephone order immediately following the use of emergency mechanical restraint or seclusion.
 - b) A physician must assess the client/patient within 2 hours after the use of restraint and co-sign the order.
- 3) An order for mechanical restraint or seclusion must not exceed 12 hours.
- 4) If needed, mechanical restraint or seclusion must be reordered every 12 hours following face-to-face assessment by a physician.
- 5) The restrained client/patient must be asked if s/he would like a PPAO advocate contacted. Once consent is obtained call PPAO @ 416-535-8501, x 3099.
- 6) The nurse must complete Sections I and II of the 12-Hour Emergency Use of Chemical Restraint, Seclusion & Mechanical Restraint Record.

Section I: Initiation Assessment or Re-Order Assessment

- 1) Complete when initiating or re-ordering chemical restraint, seclusion, and/or mechanical restraint.
- 2) The nurse completes this section and signs the form at the bottom of the page.
- 3) The nurse also initials and dates any documentation done in the Communication section (on the lower right).
- 4) If any communication (as specified) is done within a 12 hour time frame after Section 1 is completed, it must be added to the Communication section.
- 5) Any additions to the Communication section should be initialed with date and time of entry.

Section II: Choose either a) 'Assessment Record-Mechanical Restraints' or b) 'Assessment Record- Seclusion'

- 1) Use either of these forms for ongoing monitoring and care provided during mechanical restraint or seclusion.
- 2) Time frames for entry on each form:
 - a) On the mechanical restraint form each block represents a 30 minute timeframe.
 - b) On the seclusion form each block represents a 15 minute timeframe.
- 3) The clock symbol indicates the nurse must provide mandatory care and initial.
- 4) If emergency chemical restraint (CR) is administered to a patient while in mechanical restraints or seclusion, record this in both Section I and Section II.

- 5) All status changes and/or significant findings require a corresponding progress note. Place an asterisk (*) beside any item for which you have written a progress note.
- 6) The 'assigned nurse' is the nurse assigned to care for the patient or the covering nurse (e.g. covering breaks). The assigned nurse is accountable for reviewing and ensuring that standards of care are met. This includes assessments, monitoring, the use of alternatives and other policy requirements. S/He continues to have this accountability even if some aspects of care are assigned to other team members (who initial in boxes to indicate care and/or observations). The assigned nurse initials a minimum of once every 3 hours in the box to indicate accountability.

7) Notes:

- a) Typically, after two hours, a release trial (RT) should be considered successful and seclusion/mechanical restraint should be discontinued.
- b) Enter initials for face to face continuous observation to indicate ongoing monitoring. You must initial a minimum of once every hour.

Electronic Tools to be used in addition to Progress Notes for Emergency Use of Restraints: All chemical restraint, seclusion, and mechanical restraint episodes must be entered in the Restraint Events Tool on TREAT on initiation and when discontinued.

Forms to Be Used: (Effective June 2009/ Updated January 2010) Physicians' Orders Form; Medication Administration Record; 12-Hour Emergency Use of Chemical Restraint, Seclusion & Mechanical Restraint Record; Physical Monitoring Vital Signs & Intake/Output.

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Instruction page - Restraint Record
 F0475-20111110
 This page not to be filed in client/
 patient health record.



Client/Patient
Id Label

12 -HOUR EMERGENCY USE OF CHEMICAL RESTRAINT, SECLUSION & MECHANICAL RESTRAINT RECORD

Client/Patient Name: _____ **Health Record #:** _____ **Unit/Clinic/Service:** _____
(last name, first name)

SECTION I: INITIATION ASSESSMENT OR RE-ORDER ASSESSMENT

Check all boxes that apply. Place an asterisk (*) for items that have a corresponding progress note.

ALTERNATIVES & INTERVENTIONS ATTEMPTED	BEHAVIOUR(S) OBSERVED AND IMMINENT RISK OF SERIOUS BODILY HARM	PHYSICIAN'S ORDER	SUBSEQUENT	
<input type="checkbox"/> 1:1 Engagement <input type="checkbox"/> Exercise <input type="checkbox"/> Family/friends <input type="checkbox"/> OT/PT/SW/RT/BT involvement <input type="checkbox"/> Peer Support Worker <input type="checkbox"/> Spiritual Care <input type="checkbox"/> Assess for linguistic and cognitive communication, hearing and visual difficulties	<input type="checkbox"/> Ask HALT (hungry, angry, lonely, tired) <input type="checkbox"/> Music <input type="checkbox"/> Pain management <input type="checkbox"/> Support/reassurance <input type="checkbox"/> Separate from situation <input type="checkbox"/> Other _____ _____ PRN Medication (consent required)	<input type="checkbox"/> Toward Self * Describe: _____ _____ _____ <input type="checkbox"/> Toward Other(s)* Describe: _____ _____ _____	Physician Name _____ (last name, first name) <input type="checkbox"/> Chemical – stat medication <input type="checkbox"/> Seclusion (SR) <input type="checkbox"/> Mechanical Restraint (MR) # of points _____ Date/Time Initiated _____ (dd/mm/yyyy – 24 hr) <input type="checkbox"/> Entry on TREAT Restraint Events Tool	<input type="checkbox"/> CR Episode # 2 (TREAT) _____ Physician Name (last name, first name) _____ Date/Time Given (dd/mm/yyyy – 24 hr) <input type="checkbox"/> CR Episode # 3 (TREAT) _____ Physician Name (last name, first name) _____ Date/Time Given (dd/mm/yyyy – 24 hr)

HEALTH STATUS AT INITIATION / APPLICATION / RE-ORDER	COMMUNICATION *document communication details in Progress Notes
Significant medical problems, physical disabilities, pain _____ Difficulty breathing (Y*/N) ____ Breathing complaint (Y*/N) ____ Observable skin color change (Y*/N) ____ Skin condition (e.g., warm, dry, clammy) ____ Injury due to CR/SR/MR (Y*/N) ____ Bleeding (Y*/N) ____ Cuts (Y*/N) ____ Scratches (Y*/N) ____ Bruises (Y*/N) ____ Other (Y*/N) ____ Describe emotional state: _____	<input type="checkbox"/> Family/SDM/Other notified with client's consent* (Date/Time/Initial) _____ <input type="checkbox"/> PPAO notified with client's consent* (Date/Time/Initial) _____ <input type="checkbox"/> Client declined PPAO notification (Date/Time/Initial) _____ <input type="checkbox"/> eIPCC updated (Date/Time /Initial) _____ Comments (include date/time initial): _____ _____
<p>Trauma Considerations:</p>	

Nurse Completing Section I at initiation (others to initiate/date data entered after initiation and print name at end of Section II)

_____ Date: _____
 Signature Print Name and Credentials (dd/mm/yy)



Client/Patient
Id Label

12 -HOUR EMERGENCY USE OF CHEMICAL RESTRAINT, SECLUSION & MECHANICAL RESTRAINT RECORD

Client/Patient Name: _____ Health Record #: _____
(last name, first name)

SECTION II: Assessment Record - Mechanics restraints

Date: _____
(dd/mm/yy)

Initial in appropriate boxes to indicate "in progress" or "completed". Each box represents approximately 30 minutes.
Use an asterisk (*) to flag all status changes/significant findings and to indicate corresponding narrative in progress notes.
⌚ = reminder of mandatory care and need for initials; **F-F** = face-to-face continuous observation.

TIME 30 min. intervals																							
A. Behaviours Observed		⌚		⌚		⌚		⌚		⌚		⌚		⌚		⌚		⌚		⌚		⌚	
B. Alternatives/ interventions				⌚				⌚				⌚				⌚				⌚			
F-F monitoring in progress	⌚		⌚		⌚		⌚		⌚		⌚		⌚		⌚		⌚		⌚		⌚		⌚
Limbs release/ reposition/ROM q1hr		⌚		⌚		⌚		⌚		⌚		⌚		⌚		⌚		⌚		⌚		⌚	
Ambulation q8hr															⌚								
Vital signs q1hr	⌚		⌚		⌚		⌚		⌚		⌚		⌚		⌚		⌚		⌚		⌚		⌚
Circulation/skin q30min	⌚	⌚	⌚	⌚	⌚	⌚	⌚	⌚	⌚	⌚	⌚	⌚	⌚	⌚	⌚	⌚	⌚	⌚	⌚	⌚	⌚	⌚	⌚
Toileting q2hr /PRN				⌚				⌚				⌚			⌚				⌚				⌚
Food/fluids offered /mouth care q2hrs				⌚				⌚				⌚			⌚				⌚				⌚
Observing Staff Initial																							
Assigned Nurse Initial																							

A. Behaviours Observed (record 1 to 3 prominent behaviours above)	B. Alternatives or Interventions Implemented (record 1 to 3 primary alternatives or interventions above) Restraint Interventions:
1. Agitation 2. Combative 3. Disorientation/confusion 4. Unable to follow instructions 5. Asleep 6. Quiet/cooperative 7. Other* _____	a. 1:1 Engagement b. Attempted to d/c restraint* c. Breathing exercises d. De-escalation techniques e. Diversional activities f. Family/friends present g. Medication review h. Orientation x 3 i. OT/PT/BT/SW j. Pain management k. PRN Rx (with consent) l. Sensory interventions m. Support/reassurance n. Other _____ o. Adjust MR straps* p. Decrease points* (min 3 points) q. Increase points* r. Chemical restraint* (pg 1) s. Release trial t. Discontinue restraint* (TREAT)

Print Name/Designation	Initials	Print Name/Designation	Initials	Print Name/Designation	Initials



Client/Patient
Id Label

12 -HOUR EMERGENCY USE OF CHEMICAL RESTRAINT, SECLUSION & MECHANICAL RESTRAINT RECORD

Client/Patient Name: _____ **Health Record #:** _____
(last name, first name)

SECTION II: Assessment Record - Seclusion

Date: _____ Use an asterisk (*) to flag all status changes/significant findings and to indicate corresponding narrative in progress notes.
(dd/mm/yy) **Each box represents approximately 15 minutes** ☉ = reminder of mandatory care and need for initials;

Initial in appropriate boxes to indicate "in progress" or "completed".

TIME (15 min. intervals)																										
A. Behaviours Observed		☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉
B. Alternatives/ interventions								☉								☉										☉
Foods / Fluids q2h								☉								☉										☉
Toileting q2h /PRN								☉								☉										☉
Initials	Observation Staff																									
	Assigned Staff																									
TIME																										
A. Behaviours Observed		☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉
B. Alternatives/ interventions								☉								☉										☉
Foods / Fluids q2h								☉								☉										☉
Toileting q2h /PRN								☉								☉										☉
Initials	Observation Staff																									
	Assigned Staff																									

<p>A. Behaviours Observed (record 1 to 3 prominent behaviours above)</p> <ol style="list-style-type: none"> 1. Agitation 2. Combative 3. Disorientation/confusion 4. Unable to follow instructions 5. Asleep 6. Quiet/cooperative 7. Other* _____ 	<p>B. Alternatives or Interventions Implemented (record 1 to 3 primary alternatives or interventions above)</p> <p>Restraint Interventions:</p> <ol style="list-style-type: none"> a. 1:1 Engagement b. Attempted to d/c restraint* c. Breathing exercises d. De-escalation techniques e. Diversional activities f. Family/friends present g. Medication review h. Orientation x 3 i. OT/PT/BT/SW j. Pain management k. PRN Rx (with consent) l. Sensory interventions m. Support/reassurance n. Other _____ o. Adjust MR straps* p. Decrease points* (min 3 points) q. Increase points* r. Chemical restraint* (pg 1) s. Release trial t. Discontinue restraint* (TREAT)
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Print Name/Designation	Initials	Print Name/Designation	Initials	Print Name/Designation	Initials

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