

Restraint Related to Behavior Event Information

Begin Time: _____ am/pm

End Date: _____

Injury caused by Restraint? * ☐ Yes ☐ No

Exercise, at least 10 min every hour? * ☐ Yes ☐ No

End Time: _____ am/pm

Status: * ☐ Emergency ☐ PRC/HRC Approved

Monitoring, at least every 30 min ? * ☐ Yes ☐ No

Restraint Types(CAMRIS-CT):

☐ Arms splints ☐ B-Safety belt ☐ Bed rails ☐ Body board ☐ Chair and tray/waist ☐ Chemical ☐ Escort ☐ Floor control prone ☐ Floor control supine ☐ Four point ☐ Held by arms ☐ Helmet ☐ Lifted and carried ☐ Mitts ☐ Non-standard commissioner OK ☐ Non-standard not approved ☐ Physical isolation ☐ Restraint ☐ Safety cuffs ☐ Specialized clothing ☐ Vehicle/transport ☐ Waist restraint/chest/vest

Person(s) Applying _____

In Charge during _____

Person(s) Removing _____

Emergency Restraint Trauma Check Within 24 hours by

Restraint Summary _____

Witness 1 _____

Witness 2 _____

SIGNATURE _____ NAME _____ DATE _____ TIME _____ am/pm

Note:- Required fields are marked with an asterisk (*)