

Restraint Related to Behavior Event Information

Begin Time: _____ am/pm

End Time: _____ am/pm

End Date: _____

Status:* Emergency PRC/HRC Approved

Injury caused by Restraint? * Yes No

Monitoring, at least every 30 min? * Yes No

Exercise, at least 10 min every hour? * 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 (*)