EMERGENCY BEHAVIORAL HEALTH: A physical restraint, medication, or seclusion used to control a patient’s behavior that is violent or aggressive and presenting an immediate and serious danger to the safety of the patient, other patients, or staff. Less restrictive interventions have been determined to be ineffective.

OBSERVATION STATUS:
☐ Constant Observation

PROCEDURE ORDERED: (If Emergency Involuntary Medication is required, order below)
☐ Mechanical Restraint ☐ Manual Restraint ☐ Seclusion

A. Timeframe for restraint/seclusion:
   This order may not exceed 2 hours in total before a new assessment and order is required.

B. Date: 7/18/15 Start time: 7:06 (military time)
   - For seclusion or restraint, the physician or other licensed independent practitioner (LIP), APRN or PA must see and evaluate the patient within 1 hour of initiation of the intervention.
   - If the need for seclusion or restraint continues beyond the time of this order, the physician or other LIP must see and assess the patient, and must write a new order.

C. Criteria for discontinuing the restraint/seclusion:
The restraint/seclusion will be discontinued at the earliest possible time when the patient no longer presents a serious danger to the safety of self or others.

D. Does the patient have a condition(s) or history of trauma that should be considered during this restraint/seclusion episode? ☐ Yes ☐ No If “yes” problems with:
   ☐ Respiratory ☐ Cardiac ☐ Endocrine ☐ Orthopedic ☐ Circulation ☐ Psychiatric: ☐ H/O trauma
   ☐ Other: ________________________________
   Describe as needed: ________________________________

Reminder: RN to add Multi-Disciplinary Review of EIP Form (PN-11-05) to next business day morning rounds

LIP signature: ___________________________ LIP printed name: ___________________________ 11/18/15 07:00

11/18/15 07:40 Nurse: [Signature]

PROCEDURE ORDERED: ☐ Emergency Involuntary Medication

Date: ___________________________ Time: ___________________________ (military time)

Emergency medication(s): ___________________________
Medication(s), dose, and route

LIP signature: ___________________________ LIP printed name: ___________________________ Date: ___________________________ Military time: ___________________________