Restraint Physician Order - Non-violent, Non-self Destructive Behavior

Nursing’s recommendation for site of restraint:

Upper extremities – [ ] Left [ ] Right [ ] Bilateral
Lower extremities – [ ] Left [ ] Right [ ] Bilateral
[ ] Torso [ ] Bed (appropriate for enclosed bed only)

(Refer to nursing notes for indications and consideration of less-restrictive interventions.)

Physician order: Based on my assessment of the patient, I have concluded that protective restraint should be initiated/continued as specified above until the indications are no longer present or throughout the following calendar day, whichever occurs first.

MD Signature: ______________________________________________________ ID# : ______________________

Date: _____________________________________________________________ Time: _______________________

Telephone Order:

Name of Ordering Practitioner: ____________________________________________

Associate Receiving Order: ______________________________________________

Date: _____________________________________________________________ Time: _______________________

PLACE IN MEDICAL RECORD