

COMMONWEALTH OF MASSACHUSETTS---DEPARTMENT OF MENTAL HEALTH

EMERGENCY RESTRAINT OR SECLUSION (R/S) FORM - PART B - Revised 4/06

NAME _____ Med. Rec. # _____ Date _____ Time R/S Started _____

MONITORING & ASSESSMENT: VITAL SIGNS/CARE, CIRCULATION/ROM & CURRENT CONDITION must be documented every 15 minutes by a trained staff person. An authorized RN must assess the patient at least every 30 minutes.

PHYSICAL STATUS AT R/S INITIATION/APPLICATION	
Time _____	Date _____
Difficulty breathing Y/N? _____	
Breathing complaint Y/N? _____	
Observable skin color change Y/N? _____	
Skin condition (e.g., warm, dry, clammy) _____	
Injury due to R/S Y/N? _____	
Bleeding _____ Cuts _____	
Scratches _____ Bruises _____	
Rug burn _____	
Other _____	
Complaint of pain _____	
Additional concerns _____	
Medical action planned/taken if necessary: _____	
RN signature required: _____	

Time _____	Date _____	Time _____	Date _____	Time _____	Date _____	Time _____	Date _____
VITAL SIGNS/CARE		VITAL SIGNS/CARE		VITAL SIGNS/CARE		VITAL SIGNS/CARE	
BP* _____ Pulse* _____		BP* _____ Pulse* _____		BP* _____ Pulse* _____		BP* _____ Pulse* _____	
Temp* _____ Resp* _____		Temp* _____ Resp* _____		Temp* _____ Resp* _____		Temp* _____ Resp* _____	
Describe Skin Condition _____		Describe Skin Condition _____		Describe Skin Condition _____		Describe Skin Condition _____	
<u>Offered or Provided (O or P):</u>		<u>Offered or Provided (O or P):</u>		<u>Offered or Provided (O or P):</u>		<u>Offered or Provided (O or P):</u>	
Fluids/Food _____		Fluids/Food _____		Fluids/Food _____		Fluids/Food _____	
Toileting _____		Toileting _____		Toileting _____		Toileting _____	
Hygiene help _____		Hygiene help _____		Hygiene help _____		Hygiene help _____	
* Document actual reading		* Document actual reading		* Document actual reading		* Document actual reading	
EXTREMITY CIRCULATION & ROM CHECK		EXTREMITY CIRCULATION & ROM CHECK		EXTREMITY CIRCULATION & ROM CHECK		EXTREMITY CIRCULATION & ROM CHECK	
Left Arm _____ Right Arm _____		Left Arm _____ Right Arm _____		Left Arm _____ Right Arm _____		Left Arm _____ Right Arm _____	
Left Leg _____ Right Leg _____		Left Leg _____ Right Leg _____		Left Leg _____ Right Leg _____		Left Leg _____ Right Leg _____	
Neck/Head Position: _____		Neck/Head Position: _____		Neck/Head Position: _____		Neck/Head Position: _____	
CURRENT CONDITION		CURRENT CONDITION		CURRENT CONDITION		CURRENT CONDITION	
Maintaining Control** _____		Maintaining Control** _____		Maintaining Control** _____		Maintaining Control** _____	
Calm** _____ Sleeping** _____		Calm** _____ Sleeping** _____		Calm** _____ Sleeping** _____		Calm** _____ Sleeping** _____	
Agitated _____ Thrashing _____		Agitated _____ Thrashing _____		Agitated _____ Thrashing _____		Agitated _____ Thrashing _____	
Crying _____		Crying _____		Crying _____		Crying _____	
Threatening:		Threatening:		Threatening:		Threatening:	
Suicide _____ Homicide _____		Suicide _____ Homicide _____		Suicide _____ Homicide _____		Suicide _____ Homicide _____	
Self-Abuse _____ Assault _____		Self-Abuse _____ Assault _____		Self-Abuse _____ Assault _____		Self-Abuse _____ Assault _____	
Other: _____		Other: _____		Other: _____		Other: _____	
** Requires justifying continuation		** Requires justifying continuation		** Requires justifying continuation		** Requires justifying continuation	
Signature _____		Signature _____		Signature _____		Signature _____	
Title _____		Title _____		Title _____		Title _____	
RELEASE READINESS		RELEASE READINESS		RELEASE READINESS		RELEASE READINESS	
**Justify continuation: _____		**Justify continuation: _____		**Justify continuation: _____		**Justify continuation: _____	
RELEASE: Yes _____ No _____		RELEASE: Yes _____ No _____		RELEASE: Yes _____ No _____		RELEASE: Yes _____ No _____	
RN Signature _____		RN Signature _____		RN Signature _____		RN Signature _____	