

PHYSICIAN'S ORDERS

Harris County Psychiatric Center	
PHYSICIAN'S ORDERS FOR SECLUSION/RESTRAINT	

DATE: _____ TIME: _____

SECLUSION RESTRAINT (Type: _____)

REASON FOR SECLUSION/RESTRAINT: (Describe behavior: i.e., agitated, aggressive, assaultive, and/or disruptive behavior that is highly suggestive of imminent harm to self and others) STATE BELOW:

SECLUDE/RESTRAIN FROM _____ AM/PM UP TO _____ AM/PM. (NOTE: Not to exceed 4 hours for adults, 2 hours for adolescents and children ages 9-17, and 1 hour for children under the age of 9).

RELEASE CRITERIA: (check the behavior/s) (circle A and/or B)

A. DECREASED ___ agitated ___ aggressive ___ assaultive ___ disruptive
___ other _____ BEHAVIOR/S

B. Follows redirection and states or indicates an understanding of expected behavior needed to discontinue seclusion and/or restraint.

Telephone Order Received From Dr. _____

Date: _____ Time: _____

Physician Signature: _____ Date: _____ Time: _____

Nurse Signature: _____ Date: _____ Time: _____

Physician Seclusion/Restraint Note:

Physician Signature: _____ Date: _____ Time: _____

Instructions for Physician's Orders for Seclusion/Restraint

1. Place the patient's addressograph in the upper right-hand corner.
2. The physician must fill out the order form completely starting with the date and time of the order.
3. Check whether the intervention is for seclusion or restraint and indicate the type of restraint.
4. The reason for Seclusion/Restraint must be stated in the designated area.
5. The specific time frame (from ____am/pm up to ____am/pm) must reflect the same time of the Seclusion/Restraint Checklist.
6. Check which behaviors are required to be released from Seclusion/Restraint.
7. **TELEPHONE ORDER:** If a physician is not immediately available when a patient is secluded or restrained, the nurse will complete the physician order form. The nurse must review the information as printed on the form to the physician. **(All telephone orders must be written in red ink.)**

***The physician must personally sign, time, and date the telephone order within 1 hour of when the order was initiated.
8. The nurse must transcribe, sign, date, and time the order. To transcribe completely, the nurse must continue the seclusion process by initiating the following forms: (Seclusion/Restraint Checklist, Nursing Seclusion/Restraint Progress Note, and Special Team/Physical Intervention form, if applicable).
9. If the patient has reached the maximum time specified in the order for seclusion/restraint, a new Physician's Orders for Seclusion/Restraint form must be completed.
10. **PHYSICIAN SECLUSION/RESTRAINT NOTE:** Documentation of the restraint/seclusion must be entered by the physician who ordered the seclusion/restraint. Additional documentation may be noted in the Progress Notes if needed. The physician must physically see the patient and write a note within one hour of seclusion/restraint. The physician writing the note signs with date and time.