



Labrador - Grenfell
Health

Seclusion Restraint Flow Sheet
(Part I)

Less Restrictive Measures Attempted
(Please check all the apply)

- Staff attendance
- Interaction and redirection (one to one)
- Verbal de-escalation
- Setting limits
- Quiet time
- Physical escort
- Medications offered
- Medications taken: Time: _____
- Seclusion
- Restraint

Were any of these measures identified by individual?
 Yes No

Initial Physician order obtained: Yes No

Name of Physician Notified: _____

Date: _____ Time: _____

Behaviour Requiring Seclusion

Disturbed Behaviour that is likely to harm:

- Individual
- Other clients
- Visitors
- Staff
- Other (please specify) _____

Explain Behaviour: _____

Client informed Yes No
 Family/NOK/Ct rep informed Yes No
 Conditions for discontinuation of seclusion explained Yes No

Seclusion and continuous observation initiated

Date: _____ Time: _____

Safety:

Individual's clothing searched for harmful objects: Yes No

Items removed: Yes No

Items secured: Yes No

List items: _____

Was client/staff/other injured? Yes No. If yes, complete occurrence report in CSRS Employee Incident Report.

Seclusion Care:

Initial medication(s) administered: Yes No

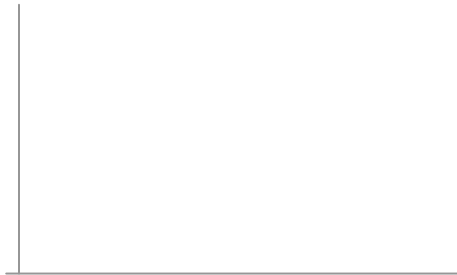
Name, dosage and route of medication(s): _____
Time: _____

Narrative Notes: (Brief description for incident requiring seclusion and indicate meds and patient's response {use Progress Notes for additional documentation}):



Labrador - Grenfell
Health

Seclusion Restraint Flow Sheet
(Part II)



Time: Initial Interventions Completed																		
Fluids offered every hour																		
Meals offered at meal times																		
Toileting offered every 2 hours																		
Medications given																		
V/S post – medication if indicated																		
RN assessment hourly																		
Physician consultation every 12 hours																		
Assessment for discontinuation of seclusion																		

Physician notified: Date: _____ Time: _____

Physician reassessment:

Date & Time:									
Date & Time:									

Discontinuation of Seclusion

Seclusion discontinued as per physician's order: Date & time:

Constant observation maintained: Yes No Close observation initiated: Yes No Time: _____

Comments (include explanation for discontinuing seclusion, e.g., individual maintains relaxed non-threatening behaviour; individual follows simple instructions; individual can discuss plan for safety; other.

Staff Signature/Status	Initials	Staff Signature/Status	Initials	Staff Signature/Status	Initials