



## Use of Restraint Check List

Date: \_\_\_\_\_

CAD # \_\_\_\_\_

Patient Name: \_\_\_\_\_

(Last name)

\_\_\_\_\_

(First name)

- I. Reason for restraint application (check all that apply):
1. \_\_\_\_\_ Patient is a harm to self
  2. \_\_\_\_\_ Patient is a harm to others
  3. \_\_\_\_\_ Patient uncooperative with required medical treatment
- II. \_\_\_\_\_ Medic attempted verbal reassurance and/or redirection.
- III. \_\_\_\_\_ Medic attempted a change of environment for the patient
- IV. \_\_\_\_\_ Type of restraint applied (check all that apply):
1. \_\_\_\_\_ Limb restraint
    - a. \_\_\_\_\_ LUE
    - b. \_\_\_\_\_ RUE
    - c. \_\_\_\_\_ LLE
    - d. \_\_\_\_\_ RLE
  2. \_\_\_\_\_ Chemical restraint
    - a. agent administered: \_\_\_\_\_
    - b. dose of agent: \_\_\_\_\_
    - c. time administered: \_\_\_\_\_
    - d. Patient tolerance: \_\_\_\_\_
- V. \_\_\_\_\_ Vitals signs and assessment of neurovascular status performed every 10 minutes
- VI. Position of Patient (**Not Prone**)
1. \_\_\_\_\_ Supine position for transport
  2. \_\_\_\_\_ Lateral recumbent position for transport