

Forsyth County EMS Restraint Checklist

PCR Number- _____ Date _____ Law Enforcement applied Rest.

Alternatives Considered-

Education Attempted and Response

CHECK ITEMS THAT APPLY

- Comfort Measures
- Stimuli Removed
- Family with Patient
- Change Position
- Diversional Activities
- Sensory Aids

- Discussed Restraints with Patient
- Patient Verbalizes Understanding
- Patient Status Prevents Teaching
- Discussed Restraints with Family
- Family States Understanding
- Family/ significant other not available

Justification for Restraint-

Distal Function- Pulse/Motor/Sensory

- Prevent removal of Tubes (IV, ET)
- Prevent disruption of Medical Equipment
- Prevent limb Movement- Post procedure
- Unable to Follow Safety instructions

	LUE	RUE	LLE	RLE
Pre application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During Transport q 10 min.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrival at Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prop. Rest.Tech. (RN/MD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor on Scene
 Supervisor at facility

Crew #1 Signature- _____

Supervisor signature _____

Crew #2 Signature- _____

Comments- _____

Law enforcement on scene

Officer's name: _____

Hospital Use Only

Physician/ R.N. Signature- _____ Were there any apparent injuries associated with restraints? _____

Comments/ Explain- _____

Give a copy of Restraint Checklist and PCR to Supervisor