



**PHYSICIAN'S ORDER SHEET
 STANDING ORDERS FOR:
 RESTRAINT PROTOCOL**

Check here if STAT
 medications ordered

ANOTHER BRAND OF GENERICALLY EQUIVALENT PRODUCT, APPROVED BY THE PHARMACY AND THERAPEUTICS COMMITTEE, MAY BE ADMINISTERED UNLESS (SPECIFIC) IS WRITTEN AFTER THE MEDICATION ORDER.

RESTRAINT PROTOCOL FOR POST ANESTHESIA RECOVERY AND CRITICAL CARE PATIENTS

RESTRAINT RENEWAL REQUIRED EVERY SEVEN DAYS

Standard of care:

It is the standard of care for patients admitted to the postanesthesia recovery unit (PARU) or intensive care units who are postoperative/postprocedure or based on assessed needs to have soft restraints applied to maintain safety of the patient's tubes, wounds, and dressings using the following criteria for application and removal. Restraint use is based on the assessed needs of the patient when one or more of the following application criteria is present.

Application Criteria	Release Criteria
<input type="checkbox"/> Decreased level of consciousness Can be aroused but unable to maintain wakefulness	Maintains wakefulness
<input type="checkbox"/> Exhibits confusion and/or disorientation	No confusion and/or disorientation
<input type="checkbox"/> Unable to remember instructions	Remembers and repeats instructions
<input type="checkbox"/> No understanding of therapies, equipment, risks	Understands therapies, equipment, risks
<input type="checkbox"/> Pulls at tubes, lines, dressing, etc.	Does not pull at tubes, lines, dressings, etc.
<input type="checkbox"/> Failed trial release for 15 minutes	Met trial release period greater than 15 minutes
DOCUMENTATION AND MONITORING CRITERIA	
<ul style="list-style-type: none"> • Application criteria met for initiation of the protocol are documented on the flow sheet at a minimum of every 8 hours • Release criteria met for removal of restraint are documented on the flow sheet. 	

CONFIDENTIAL INFORMATION