**COMMONWEALTH OF MASSACHUSETTS----DEPARTMENT OF MENTAL HEALTH**

***EMERGENCY RESTRAINT OR SECLUSION (R/S) FORM - PART B –* Revised 10/22**

**NAME**  Med. Rec. # Date Time R/S Started

**MONITORING & ASSESSMENT:** VITAL SIGNS/CARE, CIRCULATION/ROM & CURRENT CONDITION must be

documented every 15 minutes by a trained staff person+. An Authorized Staff Person/Clinician must assess the patient at least every 30 minutes.

**PHYSICAL STATUS AT**

**R/S INITIATION/APPLICATION**

Time Date

Difficulty breathing Y/N? \_\_\_\_\_\_\_

Breathing complaint Y/N? \_\_\_\_\_\_\_

Observable skin color change Y/N? \_\_\_\_\_\_\_\_\_

Skin condition (e.g., warm, dry, clammy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Injury due to R/S Y/N? \_\_\_\_\_

Bleeding \_\_\_\_\_\_\_ Cuts \_\_\_\_\_\_\_

Scratches \_\_\_\_\_\_\_ Bruises \_\_\_\_\_\_

Rug burn \_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complaint of pain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional concerns \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical action planned/taken if necessary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Staff Person/Clinician signature required:

|  |  |  |  |
| --- | --- | --- | --- |
| Time Date | Time Date | Time Date | Time Date |
| **VITAL SIGNS/CARE**  BP+ \_\_\_\_\_\_\_\_ Pulse+ \_\_\_\_\_ Temp+\_\_\_\_\_ Resp+ \_\_\_\_\_\_\_\_\_  Describe Skin Condition\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Offered or Provided (O or P):  Fluids/Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Toileting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hygiene help\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  + Document actual reading | **VITAL SIGNS/CARE**  BP+ \_\_\_\_\_\_\_\_ Pulse+ \_\_\_\_\_ Temp+\_\_\_\_\_ Resp+ \_\_\_\_\_\_\_\_\_  Describe Skin Condition\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Offered or Provided (O or P):  Fluids/Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Toileting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hygiene help\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  + Document actual reading | **VITAL SIGNS/CARE**  BP+ \_\_\_\_\_\_\_\_ Pulse+ \_\_\_\_\_ Temp+\_\_\_\_\_ Resp+ \_\_\_\_\_\_\_\_\_  Describe Skin Condition\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Offered or Provided (O or P):  Fluids/Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Toileting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hygiene help\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  + Document actual reading | **VITAL SIGNS/CARE**  BP+ \_\_\_\_\_\_\_\_ Pulse+ \_\_\_\_\_ Temp+\_\_\_\_\_ Resp+ \_\_\_\_\_\_\_\_\_  Describe Skin Condition\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Offered or Provided (O or P):  Fluids/Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Toileting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hygiene help\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  + Document actual reading |
| **EXTREMITY** **CIRCULATION & ROM CHECK**  Left Arm \_\_\_\_ Right Arm \_\_\_\_  Left Leg \_\_\_\_ Right Leg \_\_\_\_\_  Neck/Head Position: \_\_\_\_\_\_\_\_\_\_ | **EXTREMITY** **CIRCULATION & ROM CHECK**  Left Arm \_\_\_\_ Right Arm \_\_\_\_  Left Leg \_\_\_\_ Right Leg \_\_\_\_\_  Neck/Head Position: \_\_\_\_\_\_\_\_\_\_ | **EXTREMITY** **CIRCULATION & ROM CHECK**  Left Arm \_\_\_\_ Right Arm \_\_\_\_  Left Leg \_\_\_\_ Right Leg \_\_\_\_\_  Neck/Head Position: \_\_\_\_\_\_\_\_\_\_ | **EXTREMITY** **CIRCULATION & ROM CHECK**  Left Arm \_\_\_\_ Right Arm \_\_\_\_  Left Leg \_\_\_\_ Right Leg \_\_\_\_\_  Neck/Head Position: \_\_\_\_\_\_\_\_\_\_ |
| **CURRENT CONDITION**  Maintaining Control\*\* \_\_\_\_  Calm\*\* \_\_\_ Sleeping\*\* \_\_\_\_  Agitated \_\_\_\_ Thrashing \_\_\_\_  Crying \_\_\_\_  Threatening:  Suicide \_\_\_\_ Homicide \_\_\_\_\_  Self-Abuse \_\_\_\_ Assault \_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*\* Requires justifying continuation  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **CURRENT CONDITION**  Maintaining Control\*\* \_\_\_\_  Calm\*\* \_\_\_ Sleeping\*\* \_\_\_\_  Agitated \_\_\_\_ Thrashing \_\_\_\_  Crying \_\_\_\_  Threatening:  Suicide \_\_\_\_ Homicide \_\_\_\_\_  Self-Abuse \_\_\_\_ Assault \_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*\* Requires justifying continuation  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **CURRENT CONDITION**  Maintaining Control\*\* \_\_\_\_  Calm\*\* \_\_\_ Sleeping\*\* \_\_\_\_  Agitated \_\_\_\_ Thrashing \_\_\_\_  Crying \_\_\_\_  Threatening:  Suicide \_\_\_\_ Homicide \_\_\_\_\_  Self-Abuse \_\_\_\_ Assault \_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*\* Requires justifying continuation  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **CURRENT CONDITION**  Maintaining Control\*\* \_\_\_\_  Calm\*\* \_\_\_ Sleeping\*\* \_\_\_\_  Agitated \_\_\_\_ Thrashing \_\_\_\_  Crying \_\_\_\_  Threatening:  Suicide \_\_\_\_ Homicide \_\_\_\_\_  Self-Abuse \_\_\_\_ Assault \_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*\* Requires justifying continuation  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **RELEASE READINESS**  \*\*Justify continuation: \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RELEASE: Yes \_\_\_\_ No \_\_\_\_\_  Authorized Staff Person/Clinician  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **RELEASE READINESS**  \*\*Justify continuation: \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RELEASE: Yes \_\_\_\_ No \_\_\_\_\_  Authorized Staff Person/Clinician  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **RELEASE READINESS**  \*\*Justify continuation: \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RELEASE: Yes \_\_\_\_ No \_\_\_\_\_  Authorized Staff Person/Clinician Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **RELEASE READINESS**  \*\*Justify continuation: \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RELEASE: Yes \_\_\_\_ No \_\_\_\_\_  Authorized Staff Person/Clinician Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

+See 104 CMR 27.12(3)