Children's Hospital of Eastern Ontario
Centre hospitalier pour enfants de l'est de l'Ontario

PHYSICIAN ORDERS
FOR
USE OF RESTRAINT
in the
EMERGENCY DEPARTMENT

Patient Identification

Weight:_____ kg Height:_____ cm Allergies:

Initial on all lines applicable

- Ensure use of restraints follows Least Restraint Policy (OTH. 14)

REASON FOR RESTRAINT:

____ Emergency Restraint – to prevent serious bodily harm to the patient or another person

____ Restraint required for procedure, investigation or therapy and to which the patient or substitute decision maker (SDM) has consented

Other:_____

VITAL SIGNS/MONITORING:

- Initiate Least Restraint Monitoring Flow Sheet (Form 1052B)
- Monitor: vital signs (Temperature, HR, BP, RR)15 minutes post medication administration if safe to do so and then Q _____ H
- 4 or 5 point restraint: provide constant observation by appropriate personnel
- Any other form of restraint: observe patient every 15 minutes until the behavior stabilizes, then observe every 30-60 minutes as indicated by the patient's response/condition.

Other:_____

PHYSICAL RESTRAINT

____ Buckle and/or velcro limb restraint

____ Hands on physical restraint

CHEMICAL RESTRAINT

____ **LORazepam** _____ mg (0.05 mg/kg/dose, range 0.02 - 0.1mg/kg/dose, MAX 2 mg/dose) PO/SL/IM/IV for anxiety/agitation. Supplied: 0.5 mg, 1 mg SL tabs, 4 mg/ml injection

- *Lorazepam should be used as the sole agent for the patient with agitation from a suspected ingestion.*

____**RisperiDONE** Rapid dissolve _____ mg (≤ 12 yrs: 0.25 – 0.5 mg/dose, 13-17yrs: 0.5 - 1 mg/dose) for agitation/aggression x 1 dose. Onset: within 1 hour. Supplied: 0.5 mg, 1 mg RD tablet

For severe agitation or aggression or if oral antipsychotics are refused or ineffective

____ **Loxapine**_____ mg (≤ 12 yrs or less than 40 kg: 6.25 – 12.5 mg/dose, 13 – 17 years or greater than 40 kg: 12.5 – 25 mg/dose) PO/IM x 1 dose. Supplied: 5 mg, 25 mg tabs, 50 mg/mL injection.

____ **DiphenhydrAMINE (Benadryl®)** _____ mg (1 – 1.25 mg/kg/dose, MAX 50 mg/dose) PO/IM/IV for extrapyramidal symptoms x 1 dose

_____	_____	_____
PHYSICIAN SIGNATURE	PRINT NAME OF PHYSICIAN	DATE & TIME
_____	_____	_____
NURSE SIGNATURE	PRINT NAME OF NURSE	DATE & TIME

Appendix 1: Least Restraint Monitoring Flow Sheet

CHEO
Children's Hospital of Eastern Ontario
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Patient identification

Least Restraint Monitoring Flow Sheet

Care Element & Assessment / Monitoring Frequency	Expected Outcomes
Assessment of Safe Environment:	Provided as needed: • Essential items offered q 30 minutes (water, urinal, etc)
Assessment of Mental Status:	Intervention does not contribute to: • Increased confusion, agitation, anger, depression, disorientation, or aggression • Or produce humiliation, impaired cognition or added stress
Assessment of Physical Status: Assess q 15 minutes until behaviour stabilizes and then every 30-60 minutes prn based on the patient's condition.	Intervention does not contribute to: • blocked / obstructed airway • pressure on back if prone • asphyxiation • reduced functional capacity secondary to reduced muscle mass / strength • continent patient becoming incontinent • skin bruising, redness associated with the impact of the device • fractures • change in color, temperature, sensation or movement of restricted limb(s) • pain/discomfort
Assessment of Chemical Restraint: Document below for assessment of adverse reactions. Document VS on VS flow sheet 15 minutes post administration and then q4h x 24 hrs. OR more frequently as determined by healthcare team	No adverse reactions noted: • over sedation • hypotension • dehydration • allergic reaction • dystonic reactions • extrapyramidal symptoms • drug cross tolerance • cardiac symptoms

DATE	TIME	INITIALS	DATE	TIME	INITIALS	DATE	TIME	INITIALS

Staff Signature:	Initial:	Staff Signature:	Initial:
Staff Signature:	Initial:	Staff Signature:	Initial:
Staff Signature:	Initial:	Staff Signature:	Initial:

Form No. # 1052B Date:

Used to document assessment of specific restraint. Can be used through multiple shifts.