**PART III – Reassessment by RN and MD**

**Reorder of Seclusion/Restraint by MD**

**Patient Name:**

**Division:**

| General Psychiatry | Whiting Forensic | Addiction Services | **Unit:**
|--------------------|-----------------|-------------------|----------------|

**Division:**

- [ ] General Psychiatry
- [ ] Whiting Forensic
- [ ] Addiction Services

**Unit:**

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**Reorder of Seclusion/Restraint**

**Procedure is:**

- [ ] Seclusion
- [ ] Mechanical Restraint

**Ordered at:**

- **Date:**
- **Time:**
- **am/pm**

**RN:** to initiate a new Part II – “Observation and Care of the Patient” form (CVH-480b)

**Reorder Date of Seclusion/Restraint:**

- **Date:**
- **Time:**
- **am/pm**

**Original Start Date:**

- **Start Date:**
- **Start Time:**
- **am/pm**

**RN Summary Progress Note** - Include a description of behaviors that continue to demonstrate imminent risk, and lack of response to interventions attempted during the previous 3 hours.

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**Physical Assessment:**

- **Vitals:**
  - [ ] Stable
  - [ ] Other:

- **Circulation:**
  - [ ] Adequate
  - [ ] Other:

- **Skin:**
  - [ ] Intact
  - [ ] Other:

**Signature (Assessing RN):**

- **Print Name**
- **Date**
- **Time**
- **am/pm**

**Procedure:** (Check ONE of the following categories: Seclusion OR Mechanical Restraint that is being continued beyond the original order.)

**Seclusion**

- [ ] Locked
- [ ] Unlocked

**Mechanical Restraint**

- [ ] 4 Point
- [ ] Soft Limb Holders
- [ ] Mittens
- [ ] Posey Net
- [ ] Other:

**Patient notified of criteria for discontinuation?**

- [ ] Yes
- [ ] No

**MD Reassessment:** Describe specific interventions utilized and patient response prior to this reassessment/reorder of seclusion/restraint. Include physical/medical assessment and note cautions or special interventions taken.

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**Psychotropic Medication Status During the Prior 3 Hours of Seclusion/Restraint** (Check all that apply):

- [ ] Routine psychotropic medication ordered and taken
- [ ] PRN psychotropic medication taken
- [ ] Routine psychotropic medication ordered and NOT taken
- [ ] STAT/emergency psychotropic medication administered:
  - [ ] PO
  - [ ] IM
- [ ] No routine psychotropic medication ordered

**Medical Director Notified?**

- [ ] Yes: **Time**
- [ ] No
- [ ] N/A

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**Signature (Evaluating MD):**

- **Print Name**
- **Date**
- **Time**
- **am/pm**

**Signature (Nursing Supervisor):**

- **Print Name**
- **Date**
- **Time**
- **am/pm**

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**DISTRIBUTION:**

- Original – Chart (file in date order in the Progress Note Section)
- Photo Copy – Data Entry