

# OKLAHOMA DEPARTMENT OF CORRECTIONS

## Restraint Medical Flowsheet

Offender Name: \_\_\_\_\_ DOC# \_\_\_\_\_

Facility: \_\_\_\_\_ Date of Application: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Emergency application of restraints (valid for 4 hour only):  Yes  No Release signed:  Yes  No Date: \_\_\_\_\_

Medical record reviewed by: \_\_\_\_\_ Clearance by: \_\_\_\_\_

Any special conditions of restraints?  No  Yes If yes, define: \_\_\_\_\_

Reason for restraint:  Prevent injury to self  Prevent injury to others  Combative / threatening  Other: \_\_\_\_\_

Type of restraint:  Vest  Soft  Leather  Other: \_\_\_\_\_

Applied to :  Right arm  Left arm  Right leg  Left leg

Original Order Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm Re-order Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm

Ordered By: \_\_\_\_\_ Ordered By: \_\_\_\_\_

Q 2 Hour Evaluation					Q 2 and Q 4 Hour Evaluation													
√ indicates that the action/assessment was done					Code													
Spoken To					1. Response: Alert 2. Answers Appropriately 3. Answers Inappropriately 4. Will Not Respond 5. Restraints Removed and Reapplied / Skin Massaged Q 4 Hours													
Offered Liquid																		
Check Patency																		
Offered Bedpan / Urinal																		
Respiratory Status: No impairment Due To Restraints																		
Color and Sensitivity of Extremities Checked																		
Time	√	Code (s)	Ints							Time	√	Code (s)	Ints		Time	√	Code (s)	Ints

Signature/Title	Initials	Signature/Title	Initials	Signature/Title	Initials