

Provider: Ordering Violent Restraints

Ordering Violent Restraints

To place Restraint orders:

- 1. Search for **Restraints**.
- 2. Select the appropriate Restraint order.
- 3. Click Done.



Note: The Restraint order can be saved to Favorites from the Orders tab.

ED Violent or Self-Destructive Behavior Restraint Powerplan (Emergency Department only)

- 1. Select the Restraint order for your campus.
- 2. Right click on the order and select **Modify**.



Informatics Education Updated October 2023

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Violent or Self-Destructive Behavior Restraint Powerplan (All units outside of Emergency Department)

1. Right click on the order and select **Modify**.



Complete Regulatory Information

- 1. When **Modify** is selected, a **Code Green/Violent Restraint Provider Evaluation** form displays. Complete the required fields.
- 2. Depending on the answers selected, the appropriate **Code Green Note** or **Violent Restraint Provider Evaluation** form displays. Completing these forms fulfills regulatory requirements.

Code Green/Violent Restraint Evaluation - Jfm, Ot		_	x
🖌 🖬 🛇 🖄 💏 🛧 🔸 📾 🖾 🗎			
*Performed on: 09/16/2021 • US31 • CDT		By: 'Pr	ovider10
Provider Evaluatio Code Green/Violent Restraint Provider Evaluation			^
Code Green Note 1. Is this a new violent restraint order? (Not a renewal)	O Yes	O No	
2. Will the patient reach 24 consecutive hours in restraints before this order expire	s? ^{O Yes}	O No	
3. Is this an order to increase the number of limbs that are being restrained?	O Yes	O No	
4. Did you select yes for any of the above questions?	O Yes	O No	
5. Was there a Code Green called?	O Yes	O No	



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3. Upon completion of these forms, $\operatorname{click}^{\bigodot}$ to return to the main document and **Sign**.

P		Code Green Note - Jfm,	Ot		P		Violent Restrai	nt Provider Ev	valuation
		Code Green	Note	otal Time		Vio	lent Restrain	t Provider	Evaluation
Code Gre	en Loc	cation Code Gree	en Participants _{co}	ounseling	Imm	ediate s	situation		Comments
O 6th floor O 7th floor O 8th floor	-м С -м С) 4100 - S	rsing Supervisor	 15 25 35 		anger to se anger to ot rrived in res	er hers straints by Peace O	fficer	
. When the	power	form is signed, cor	nplete the rema	ining Res	traint c	order.		_	
💌 Details	for Via	lent or Self-Destruc	tive Behavior Re	straint					
Det	ails [🕽 Order Comments	🕑 Offset Detai	ls 🛛 ি 🕻)iagnose	s			
Order det	ails		+ 5 h.		Detail va	lues			
Requested	d Start [Date/Time [T;N]		^ û	High Ri	sk of Inj	jury to Self		
Reason for Use									
Restraint	Туре								
Duration	y of Res	traint		V					
Criteria fo	or Rele	ase anowal alert (10-dioi	#: no dashes/l	L Č					
rager/ce	in tor re	inewaraiert (TV-uigi	", no uasires/im						

Note: The ED powerplan includes additional orders such as Labs, Urine screening, Drug screening, etc. that can be ordered prior to signing the restraint orders.



Provider: Ordering Violent Restraints

Renew a Violent Restraint Order

1. To renew the Violent Restraint order, right click on the current Restraint order and select **Cancel/Reorder**.

	\$	7	Order Name	Status	Details
⊿	Patient Care				
		[Violent or Self-Destructive Beha	Ordered	09/15/21 12:55:00 CDT, Reason for Use High Provider must perform face-to-face assessme
•	Medications	1	Renew Modify Copy		0 CDT, 4x/Day CST
			Cancel/Reorder		
<			Suspend Activate		

2. This will place a new order and cancel the existing order simultaneously. Order cleanup is completed upon placing the new order.

⊿ Patient C	are						
	🔟 🗵 🗗 66^ 🖵	Violent or Self-Destru	Cancel	9/14/2021 15:05 CDT, Canceled b	y Provider		
		Violent or	Order	9/14/2021 15:05 CDT, Reason for	Use High Risk of Injury to Self, D		
		Self-Destructive Beha		Provider must perform face-to-fa	ice assessment and sign order w		
▼ Details fo	r Violent or Self-De	estructive Behavior Res	straint				
Details	UP Order Commen	its 🦷 Diagnoses					
Order detail	s Start Date/Time 19/	14/2021 15:05 CDTI		+ % h.	Detail values		
Reason for	Use (High Risk o	f Injury to Self I High	Risk of Ini	ury to Others]	• <u>09/14/2021</u>		
Use least re	Use least restrictive form of restraint that protects physical safety of patient, staff, or others						
Type of Restraints/Seclusion [Mechanical Restraint]							
Points of R	estraints [4 Limb	s]					
Duration o	f Restraint [1 hou	ur (8 years or younger))]	3	=		
Criteria for	r Release [Behavi	or or situation no long	jer presen	t Safety assured w/ less restr	-		
Pager/cell for renewal alert (10-digit #; no dashes/letters) [6512221234]							
Children's Hosp = USA Mobility							
Allina Hospitals= American Messaging							
Cardiology	Providers=America	an Messaging					
Dx Table	Orders For Cosign	hature			Orders For Signature		

3. All current order details will pull forward into the new order and can be modified if needed.