

Death Associated with the Use of Restraints/Seclusion - Intake <IL00052054>

Patient  Medicaid Number  Date of Birth

Was a Two-point-Soft Wrist Restraint used alone, without seclusion or chemical restraint or any other type of physical restraint?  Death Type

When did patient die

Cause of Death

Date of Death  Time   a.m.  p.m. Reported  SA Notify

Facility Sent to P&A  RO Notify  CO Notify

Restraint Type of Restraint

Drug Used as Restraint  
Drug Name   
Dosage

For This Current Episode  
Restraint/Seclusion First Applied  Time   a.m.  p.m.

Patient Last Monitored Date  Time   a.m.  p.m.

Length of Time In Restraints/Seclusion  Hours  Minutes

Monitor Method

- Physical Restraint(s)
- 08-Take-downs
  - 09-Other Physical Holds
  - 10-Enclosed Beds
  - 11-Vest Restraints**
  - 12-Elbow Immobilizers

Destructive Behavior  
Last Face to Face Evaluation  Time   a.m.  p.m.

Was restraint/seclusion used to manage violent or self destructive behavior?

One hour face to face evaluation documented?

Was the order renewed at appropriate intervals based on the patient's age? (every 4 hours)

Reasons for Restraint/Seclusion

Circumstances surrounding the death must be entered in the Allegation Detail section.