

Commission on Behavioral Health

Seclusion and/or Restraint Emergency Procedures for Children and Youth

Denial of Rights v.12.24.2023

<p><i>Print on gold paper. No names or HIPAA-identifiers.</i></p> <p>Date of Admission: _____</p> <p>Medical Record #: _____</p> <p>(Required)</p>	<p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><input type="checkbox"/> Transgender (Trans Man)</p> <p><input type="checkbox"/> Transgender (Trans Women)</p> <p><input type="checkbox"/> Gender Non-Conforming</p> <p><input type="checkbox"/> Other</p> <p>Height: _____</p> <p>Weight: _____</p> <p>Age: _____</p>	<p>Legal Status:</p> <p><input type="checkbox"/> Parental Custody</p> <p><input type="checkbox"/> Child Welfare Custody</p> <p style="padding-left: 20px;"><input type="checkbox"/> State</p> <p style="padding-left: 20px;"><input type="checkbox"/> County: _____</p> <p><input type="checkbox"/> Youth Parole Custody</p> <p><input type="checkbox"/> Co-Custody</p>
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Race: *Check all that apply*

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> White (Caucasian)
<input type="checkbox"/> Black American	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other _____

Ethnicity: Hispanic Non-Hispanic Unknown

Programs/Facilities:

<input type="checkbox"/> DCFS/Adolescent Treatment Center <input type="checkbox"/> DCFS/Desert Willow <input type="checkbox"/> DCFS/No. NV Children Services Enterprise <input type="checkbox"/> Aurora Center for Healing <input type="checkbox"/> Bamboo Sunrise <input type="checkbox"/> Desert Parkway	<input type="checkbox"/> Desert Winds <input type="checkbox"/> KW Legacy Ranch <input type="checkbox"/> Reno Behavioral Hospital <input type="checkbox"/> SAI Residential Treatment Center <input type="checkbox"/> Seven Hills <input type="checkbox"/> Sierra Sage	<input type="checkbox"/> Southern Hills <input type="checkbox"/> UHS of Spring Mountain <input type="checkbox"/> UHS Sahara <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/>
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Day of the week and shift: _____

(Required) IS THIS CHILD/YOUTH CURRENTLY ENROLLED IN SPECIALIZED FOSTER CARE? Yes No

(For reporting purposes only)

Discussed with physician: Yes No RN Initials: _____ Date/Time: _____

Physician verbal/phone orders by Dr. _____ Date/Time: _____

Physician Initials: _____ Date/Time: _____

Order noted by: _____ Date/Time: _____

Did RN extend order once up to the maximum allowable hours? Yes No

CONTINUATION ORDER: *The RN evaluation and documentation for continuation orders must include a face-to-face-reassessment of the child/youth current behavior that warrants the extension of the restraint/seclusion.*

SECLUSION: Locked Unlocked N/A

Placed in Seclusion: DATE: _____ TIME: _____ AM PM

Released from Seclusion: DATE: _____ TIME: _____ AM PM Total time in minutes: _____

MECHANICAL RESTRAINT: Cuff/Belt Legs Wrists 4-point 5-point Mitts Geri Chair N/A

Other _____

Placed in Restraint: DATE: _____ TIME: _____ AM PM

Released from Restraint: DATE: _____ TIME: _____ AM PM Total time in minutes: _____

PHYSICAL RESTRAINT: CPAR- Escort Standing Wrap/Basket Hold Seated Lying Supine (on back) N/A

Lying Prone (on stomach) Other Hold Implemented, Type and Description: _____

Placed in Restraint: DATE: _____ TIME: _____ AM PM

Released from Restraint: DATE: _____ TIME: _____ AM PM

Total Time in Minutes: _____ Number of Staff Involved in Restraining Child/Youth: _____

CHEMICAL RESTRAINT: DATE: _____ TIME: _____ AM PM N/A

Medication Administered: _____ Dose: _____ PO IM

Medication Administered: _____ Dose: _____ PO IM

Medication Administered: _____ Dose: _____ PO IM

Results After one Hour (Explain) _____

Behavioral Descriptors of Events: (CHECK ALL THAT APPLY)

<input type="checkbox"/> Attempted elopement <input type="checkbox"/> Bites <input type="checkbox"/> Cuts <input type="checkbox"/> Hits <input type="checkbox"/> Imminent harm to others	<input type="checkbox"/> Imminent harm to self <input type="checkbox"/> Kicks <input type="checkbox"/> Physical fighting <input type="checkbox"/> Property destruction <input type="checkbox"/> Punches	<input type="checkbox"/> Pushes <input type="checkbox"/> Scratches <input type="checkbox"/> Spits <input type="checkbox"/> Threatening gestures <input type="checkbox"/> Throwing objects at another
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Descriptive Narrative of Behaviors:

