MONTANA MENTAL HEALTH NURSING CARE CENTER
MANDT HOLD/INVOLUNTARY IM MEDICATION ADMINISTRATION

Date: _____ Time Initiated: _____ Time Terminated: _____

Antecedent/Behaviors leading to procedure:

_____
_____
_____

Describe methods used to avoid use of Mandt Hold and/or Involuntary Administration of IM Medication: ie: verbal reassurance/redirection, 1:1 interaction, stimuli reduction, diversional activities, environmental change, po prn medication administered:

_____
_____
_____

Medical Concerns: ( ) Obesity ( ) Spinal Injury ( ) Pregnancy ( ) Recent emesis
( ) Seizure Hx ( ) ( ) Diabetes ( ) Cardiac ( ) Respiratory ( ) Recent food/fluid intake
( ) Trauma Hx ( ) Compromised skin Integrity ( ) Severe exertion associated with procedure
( ) No injury noted
( ) Injury at time of procedure (describe): _____
( ) Other: _____

Rational for use of Mandt Hold and/or Involuntary IM medication administration:
( ) Imminent Danger to Self ( ) Imminent Danger to Others
( ) Other (Explain)

Type of hold and/or IM medication used:

_____
_____
_____

Resident Reaction to Procedure:

_____
_____
_____

Effectiveness of Mandt Hold and/or involuntary IM medication administration:
( ) Very effective ( ) somewhat effective ( ) not effective ( ) other (explain):

_____
_____
_____

Personnel involved with procedure: (name & position)

_____
_____

RN Signature_____