

Montana Mental Health Nursing Care Center Restraint Authorization

The following restraint can be used:

		Resident's Name
Seat Belt	_____	
Pelvic	_____	
Geri-chair	_____	
One-piece garment	_____	
Recliner with feet up	_____	

The restraint may be used during the following times:

AM Shift	_____	
PM Shift	_____	
Night Shift	_____	

Potential Negative Outcomes from Restraints:

Attached to this form you will find "One Daughter's Story" an information paper prepared by the Department of Health and Human Services on restraint. It defines restraint, describes the possible negative outcomes, how to avoid restraint, how restraint impacts the quality of life and how to request a restraint device.

I have been informed of the possible negative outcomes of restraint use and agree to the restraint identified above for the following medical symptom:

I understand that this restraint will be used only as indicated in the individual plan of care.

Date: _____

Sign: _____
Resident or Legal Representative

REFERENCE: 483.13 *Resident Behavior and Facility Practices, F221 Restraints: The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.*