

Date: ___/___/___ Time: _____

Setting: _____ Unique ID: _____ Entered By: _____

Reason for Audit:

* Indicates that an answer is required.

Restraint Tracer

Restraint - Behavioral	Answer	Comments
1. Individualized assessment performed for behavioral restraint (N/A if not applicable) Refer to EMR: Care Activity/Restrains Violent Assessment <i>Standards:</i> PC.03.05.11, CMS 482.13.(e)	___ Yes ___ No ___ NA	
2. Physician order within 1 hour of initiation and Face to Face evaluation performed within 1 hour of initiation for behavioral restraint (N/A if not applicable) Refer to paper chart <i>Standards:</i> PC.03.05.05, PC.03.05.11, CMS 482.13.(e)	___ Yes ___ No ___ NA	
3. Behavioral restraint order is time limited (N/A if not applicable) Refer to paper chart <i>Standards:</i> PC.03.05.05	___ Yes ___ No ___ NA	
4. PRN order not used for behavioral restraint (N/A if not applicable) Refer to paper chart <i>Standards:</i> PC.03.05.05, CMS 482.13.(e)	___ Yes ___ No ___ NA	
5. Renewal order obtained every 4 hours by Hub C3 or CC NM and by MD every 8 hours for behavioral restraint (N/A if not applicable) Refer to paper chart <i>Standards:</i> PC.03.05.05, CMS 482.13.(e)	___ Yes ___ No ___ NA	
6. In-person evaluation for continued behavioral restraint (N/A if not applicable) Refer to EMR: Care Activity/Restraint Violent Assessment <i>Standards:</i> PC.03.05.05, CMS 482.13.(e)	___ Yes ___ No ___ NA	
7. Monitoring and needs assessment documented every 15 minutes for behavioral restraint (N/A if not applicable) Refer to EMR: Care Activity/Restrains Violent Assessment <i>Standards:</i> PC.03.05.07, CMS 482.13.(e)	___ Yes ___ No ___ NA	
8. Plan of care reviewed and modified for behavioral restraint (N/A if not applicable) Refer to EMR: Care Activity/Plan of Care, Outcomes <i>Standards:</i> PC.03.05.03	___ Yes ___ No ___ NA	
Restraint - Non-behavioral	Answer	Comments
9. Individualized assessment performed for non-behavioral restraint (N/A if not applicable) Refer to EMR: Care Activity/Restrains Non-Violent Assessment <i>Standards:</i> PC.03.05.09	___ Yes ___ No ___ NA	

<p>10. Physician order within 12 hours of initiation of non-behavioral restraint (N/A if not applicable)</p> <p>Refer to EMR: Order History</p> <p><i>Standards:</i> PC.03.05.05</p>	<p>___ Yes ___ No ___ NA</p>	
<p>11. Physician examination within 24 hours of initiation of non-behavioral restraint (N/A if not applicable)</p> <p>Refer to EMR: Care Activity/Restraints Non-Violent Assessment</p> <p><i>Standards:</i> PC.03.05.05</p>	<p>___ Yes ___ No ___ NA</p>	
<p>12. Non-behavioral restraint order is time limited (N/A if not applicable)</p> <p>Refer to EMR: Order History</p> <p><i>Standards:</i> PC.03.05.05</p>	<p>___ Yes ___ No ___ NA</p>	
<p>13. PRN order not used for non-behavioral restraint (N/A if not applicable)</p> <p>Refer to EMR: Order History</p> <p><i>Standards:</i> PC.03.05.05, CMS 482.13.(e)</p>	<p>___ Yes ___ No ___ NA</p>	
<p>14. Renewal order every 24 hours for non-behavioral restraint (N/A if not applicable)</p> <p>Refer to EMR: Order History</p> <p><i>Standards:</i> PC.03.05.05</p>	<p>___ Yes ___ No ___ NA</p>	
<p>15. Physician reassessment for continued non-behavioral restraint each calendar day (N/A if not applicable)</p> <p>Refer to EMR: Care Activity/Restraints Non-Violent Assessment</p> <p><i>Standards:</i> PC.03.05.09</p>	<p>___ Yes ___ No ___ NA</p>	
<p>16. Monitoring and reassessments documented every two hours for non-behavioral restraint (N/A if not applicable)</p> <p>Refer to EMR: Care Activity/Restraints Non-Violent Assessment</p> <p><i>Standards:</i> PC.03.05.07</p>	<p>___ Yes ___ No ___ NA</p>	
<p>17. Plan of care reviewed and modified for non-behavioral restraint (N/A if not applicable)</p> <p>Refer to EMR: Care Activity/Plan of Care, Outcomes</p> <p><i>Standards:</i> PC.03.05.03</p>	<p>___ Yes ___ No ___ NA</p>	