CAMHS Clinical Practice form for Physical Restraint

Person's Details	
1. First Name:	**2. Surname:**
3. Date of Birth:	**4. Gender:** Male ☐ Female ☐ Other ☐
5. Person's Medical Record Number:	

Location	
6. Approved Centre Name:	**7. Unit Name:**

Physical Restraint Details		
8. Physical Restraint Order Type: First restraint order ☐ First Renewal order* ☐ Second Renewal order* ☐ As per provision 3.5, a physical restraint order should last for a maximum of 10 minutes. A renewal order should be made if it is necessary to renew the episode of physical restraint beyond ten minutes.		
9. Date restraint commenced:	**10. Time restraint commenced:**	
11(a). Who initiated and ordered physical restraint:		
Name:	Job title:	Signed:
11(b). Who led the physical restraint episode in accordance with provision 4.5:		
Name:	Job title:	Signed:
11(c). Who assisted with the physical restraint:		
Name:	Job title:	Signed:
Name:	Job title:	Signed:
Name:	Job title:	Signed:
Name:	Job title:	Signed:

12. Details of what each member of staff named above was doing during the episode of physical restraint:

13. Why is physical restraint being ordered/renewed?

Immediate threat of serious harm to self	☐
Actual harm caused to self	☐
Immediate threat of serious harm to others	☐
Actual harm caused to others	☐
Transfer to seclusion room	☐
To administer medication/treatment (excluding nasogastric feeding)	☐
To administer nasogastric feeding	☐
Other (please specify)	☐

Please provide further details on the above:

14. Alternative means of de-escalation attempted prior to the use of physical restraint:

Verbal Intervention ☐	Medication offered / administered ☐
Time Out / One to One Nursing / Seclusion ☐	No alternatives attempted ☐

Other (please specify) ☐

Please provide further details on the above:

15. Type of physical restraint used:

Prone ☐	Supine ☐	Side ☐	Upright ☐
Other (please specify) ☐			

Please provide further details on the above:

16. Was the person's representative informed of the person's physical restraint? ☐ Yes ☐ No

If no, please explain the reasons why this did not occur:

17. Order:

I have assessed

on Date: at hrs mins and I order the use of physical restraint from

Date: at hrs mins for up to a maximum of minutes

Name: Signed:

Date: at hrs mins (24 hr clock e.g. 2.41pm is written as 14.41)

18. Physical restraint has been ordered under the supervision of the:
Please tick as appropriate and sign below:

Consultant psychiatrist responsible for the care and treatment of the person

Duty consultant psychiatrist

Name: Signed:

Date: at hrs mins (24 hr clock e.g. 2.41pm is written as 14.41)

Time physical restraint ended / renewed: hrs mins (24 hr clock e.g. 2.41pm is written as 14.41)

19. Physical restraint ended ☐ **Physical restraint renewed*** ☐

Who ended/renewed physical restraint:

Name: Signed:

Date physical restraint ended / renewed: (dd/mm/yyyy)

Time physical restraint ended / renewed: hrs mins (24 hr clock e.g. 2.41pm is written as 14.41)

* If physical restraint is renewed, a new Clinical Practice Form and Order should be completed.

20. Did the medical examination of the person take place within two hours of the commencement of the restraint episode?

☐ Yes ☐ No

If yes, please complete the following:

Name of the registered medical practitioner who conducted the medical examination:

Date and time of medical examination:

Date: at hrs mins

*If no, please provide further details:

21. To be completed by the person who ended/renewed physical restraint

Did the physical restraint episode result in any injury to the person? ☐ Yes ☐ No

If yes, please provide further details:

Data that is required to be published as part of the Approved Centre's Annual Report on the Use of Physical Restraint

1. The total number of persons that the approved centre can accommodate at anyone time*
2. The total number of persons that were admitted during the reporting period*
3. The total number of persons who were physically restrained during the reporting period*
4. The total number of episodes of physical restraint
5. The shortest episode of physical restraint
6. The longest episode of physical restraint

**Where this number is five or less the report should state "less than or equal to five".*