

OKLAHOMA DEPARTMENT OF CORRECTIONS
Restraint Medical Flow Sheet

Inmate Name: _____ ODOC #: _____ Facility: _____ Date Applied: _____

Emergency application of restraints (valid for 4 hours only): ☐ Yes ☐ No Release signed: ☐ Yes ☐ No Date: _____

Medical record reviewed by: _____ Clearance by: _____

Special conditions of restraints? ☐ Yes ☐ No If "Yes", define: _____

Reason for restraint: ☐ Prevent injury to self ☐ Prevent injury to others ☐ Combative / threatening Other: _____

Type of restraint: ☐ Soft ☐ Leather ☐ Other: _____

Applied to : ☐ Right arm ☐ Left arm ☐ Right leg ☐ Left leg

Original Order Date: _____ Time: _____ am / pm Re-order Date: _____ Time: _____ am / pm

Ordered By: _____ Ordered By: _____

Monitoring to occur at a minimum of every 2 hours. Document appropriate code.											
Time →											
Initials →											
Spoken to:	Code										
Answers appropriately	1										
Answers inappropriately	2										
Refused to answer	3										
Liquids:	Code										
Offered and accepted	1										
Offered and refused	2										
Food:	Code										
Offered and accepted	1										
Offered and refused	2										
Bed pan/urinal:	Code										
Offered and accepted	1										
Offered and refused	2										
Respiratory status:	Code										
No impairment due to restraints	1										
Impairment due to restraints - provider notified	2										
Color of extremities:	Code										
Pink	1										
Pale	2										
Cyanotic	3										
Sensation of extremities:	Code										
Good sensation	1										
Diminished	2										
Numb/tingling	3										
Restraints Removed - Range of Motion/Skin massaged: (every 2 hours while awake and PRN for abnormal color of extremities or sensation)	Code										
Restraints removed - ROM performed/skin massaged and restraints reapplied	1										
Inmate asleep	2										

Signature/Title	Initials	Signature/Title	Initials	Signature/Title	Initials