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Vermont Psychiatric Care Hospital

FAGNER, PAMELA 116
A 0 30 2015
DOB 11 17 1952

CERTIFICATE OF NEED (CON) AND TREATMENT PLAN ADDENDUM FOR RESTRAINT

and when EMERGENCY INVOLUNTARY MEDICATION is ordered for a patient in restraints

DATE: 11/18/15

RESTRAINT ALONE: RN completes pages 1, and 2. MD completes page 3.

WHEN EMERGENCY INVOLUNTARY MEDICATION IS GIVEN TO A PATIENT IN RESTRAINTS: In addition, MD and RN complete page 4.

SECTIONS 1 AND 2 ARE TO BE COMPLETED BY A REGISTERED NURSE

1. INITIAL ASSESSMENT OF THE NEED FOR RESTRAINTS BY AN RN

RESTRAINT: Decision to initiate restraints may only be made by an RN or an MD. A patient in restraints must be observed constantly.

TYPE OF RESTRAINT	Start	End
Manual Restraint (includes manual restraint necessary to guide patient to mechanical restraint) Manual restraint used to guide patient to mechanical restraint does not require a separate CON.	0500	0700
<input type="checkbox"/> 4-point <input checked="" type="checkbox"/> 5-Point	0500	0700
Belt and Wristlets		S.B. Late entry

DE-ESCALATION MEASURES attempted or considered prior to restraint (choose all that apply):

- Crisis communication
- Evasion
- Offered PRN medication(s)
- Problem-solving
- Offered choices/alternatives
- Voluntary time-out
- Other (describe): Safety Plan
- None - explosive episode without observable precipitant

NURSING ASSESSMENT OF NEED FOR RESTRAINT: Protect patient Protect others

Describe patient's behavior and your assessment as to why this behavior presents an immediate risk of serious physical harm to self or others, OR describe patient's behavior that made it necessary to use restraints to administer court-ordered medication:

- Refusing to Verbalize Safety Needs, Turned Away, shrugged shoulders when asked if she was able to be safe
- Assaultive to RN during physical Assessment by kicking in stomach and groin

Staff oriented or attempted to orient patient to necessity of restraint and how procedure may be discontinued:

- Stop threatening harm to others
- Stop behavior dangerous to others
- Stop harming self
- Other (describe): She needs to verbalize to us plan to stay safe if anxious - that we are we going to do

Patient checked for injuries: Yes (If injured, complete an Event Report and describe in a progress note) with this:

If mechanical restraint, restraint checked to ensure no excessive tightness: Yes

[Signature] Annette J Brennan RN 11/18/15 0510
 RN Signature RN-Printed Name Date Military Time

Was a person identified at admission (Nursing Adm. Assessment) to be contacted in the event of an EIP? Yes No
If the answer to the above question is yes, was the person called? Yes No If "No," why not?

If no person was identified at the time of admissions does the patient want someone to be called? Yes No
If yes, name of person to be notified: Phone:

If patient said yes, did you call? Yes No - If "No," why not?

Does the patient have a guardian? Yes No If the patient has a guardian, you must notify him/her, even when the patient does not want the guardian called. Document the guardian's name and number as "person to be notified" above.
Was the guardian called? Yes No If "No," why not?

[Signature] Annette J Brennan RN 11/18/15 0525
 RN Signature RN-Printed Name Date Military Time