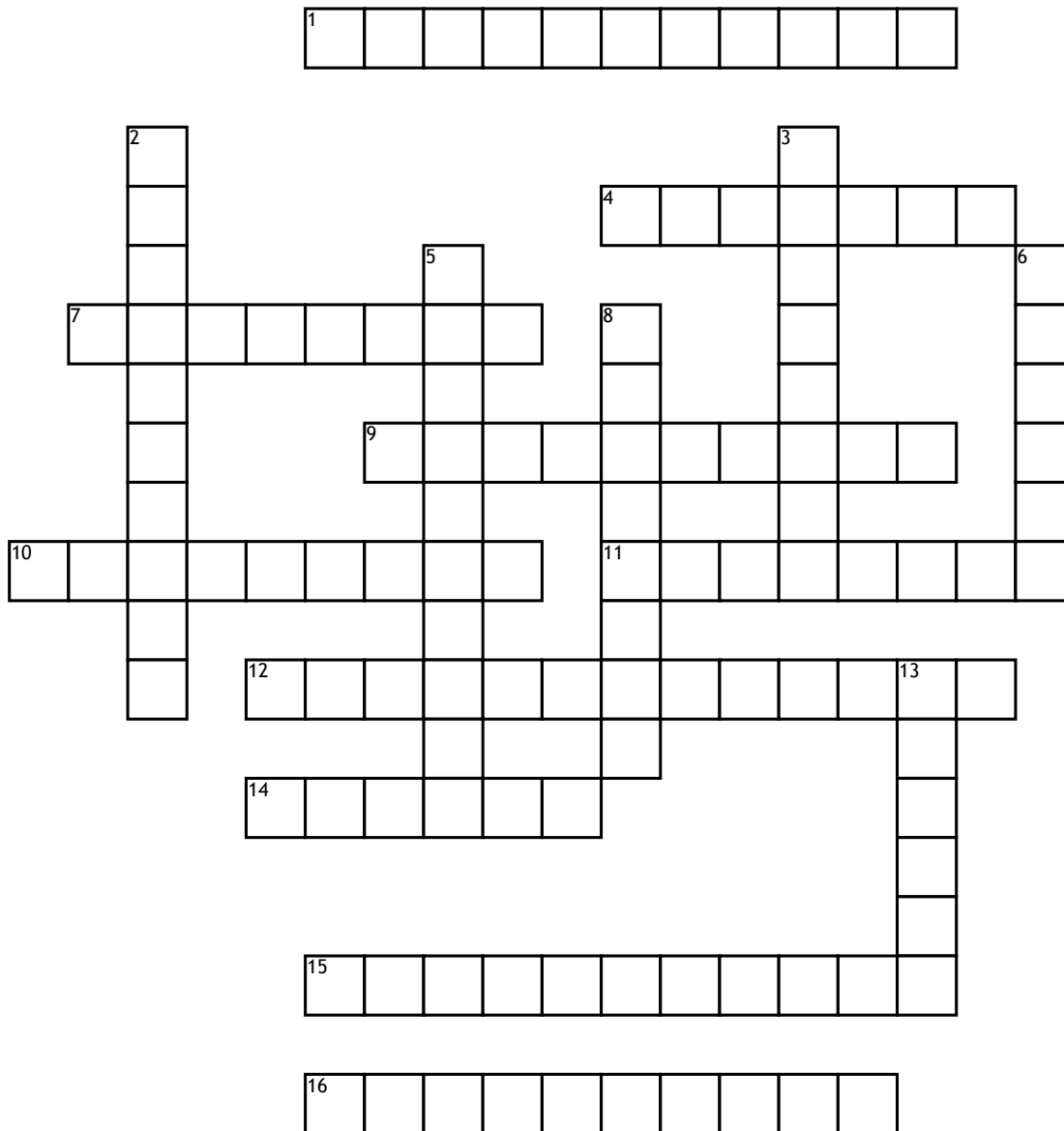


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Seclusion and Restraints



## Across

1. No order for seclusion/restraint shall exceed 2 hours.
4. Ability to exit a room without being restricted.
7. Holding the patient with your hands.
9. Completed with staff immediately following incident.
10. Involuntary confinement of a patient in a room and they are prevented from leaving.
11. Arms are positioned in this manner while in restraints

12. This is updated after every incident.

14. Restraint or seclusion only used to ensure immediate physical \_\_\_\_\_ of patient, staff, or others.

15. Chemical Restraints

16. utilized as a last resort after less restrictive means have failed

## Down

2. Restraints attached to the bed.

3. RN must document the patients \_\_\_\_\_ to the intervention.

5. Completed by RN within 1 hour of restraint/seclusion.

6. If the patient is in restraints and the door is \_\_\_\_\_ this is considered a restraint and seclusion.

8. No order for seclusion/restraint shall exceed 1 hour

13. No order for seclusion/restraint shall exceed 4 hours.