

OC Flow Sheet

Youth:		DOB:	
Facility:		Date:	
OC Authorized by:		Time Authorized:	Time OC Used:
Mechanical Restraints Used: <input type="checkbox"/> Handcuffs <input type="checkbox"/> Leg Irons <input type="checkbox"/> Belly Chains w/ Handcuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Restraint Chair			Time Applied: Time Removed:

YOUTH MUST REMAIN ON CONSTANT OBSERVATION FOR A MINIMUM OF ONE HOUR AFTER THE USE OF OC
 Security Staff - document the effects of the OC every 5 minutes and all other interventions/tasks (first aid, meals, toileting, etc.)

Time	Staff	Assessment (see codes below)			Intervention / Task	Comments
	Initials:	SKIN	EYE	RESPIRATORY		
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SKIN ASSESSMENT CODES:

0 = No problems	1 = Burning, Itching	2 = Redness	3 = Blistering (NOTIFY MEDICAL)	4 = Facial swelling – MEDICAL EMERGENCY, NOTIFY MEDICAL, PREPARE FOR EMERGENCY TRANSPORT
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EYE ASSESSMENT CODES:

0 = No problems	1 = Burning, stinging	2 = Redness	3 = Swelling
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RESPIRATORY ASSESSMENT CODES:

0 = No problems	1 = Burning throat	2 = Wheezing	3 = Dry cough	4 = Difficulty breathing, gagging, gasping, shortness of breath, inability to speak or breathe, chest pain – MEDICAL EMERGENCY, NOTIFY MEDICAL, PREPARE FOR EMERGENCY TRANSPORT
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