**DRAFT: CODE GRAY**

**PSYCHIATRIC EMERGENCY FLOWSHEET**

**INSTRUCTIONS:** Fill in times, names, etc. as the psychiatric emergency proceeds. Submit completed form through the HSS to the Medical Staff Office for review by the Restraint Reduction Committee. To be initiated by the designated un-engaged observer.

I. **DISCOVERY OF PSYCHIATRIC EMERGENCY:**  
Discovered By: ___________________________  
Location: _____________________________  
Date: _________________________________  
Emergency time activated: ____________________________  

Events leading to the crisis:  
____________________________________________________________________________________  

Identify other Individuals or staff involved:  
____________________________________________________________________________________  

Description of behavior/appearance demonstrated:  
____________________________________________________________________________________  

II. **REPORTING:**  
Pen Alarm Activated by: ___________________________  
Time: ___________________________  

Code Gray  
Called by: ___________________________  
Time: ___________________________  

III. **INITIATION OF TREATMENT:**  
A. Emergency Diffusion Steps  
   - Redirection  
   - Conflict Negotiation  
   - Quiet time offered  
   - PRN offered/given (circle)  
     Identify Medications given:  
   - Other  
     (describe):  
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<tr>
<th>Name of Staff</th>
<th>Time</th>
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B. Cardex Reviewed and information given to the unengaged observer  
   - Containment Risks identified  
     Identify Risks:  
   - Restraint Assessment:  
     Identify Individual’s Plan in time of crisis:  
   - Hx of Physical/sexual abuse (circle):  
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IV. **EVENTS AND ARRIVALS:**  
A. MD arrived: (Name)  
   PhD arrived: (Name)  
   Other Clinical staff: ___________________________  
   LOC staff: ___________________________
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B. 1. Physical Intervention Required: YES/NO (Circle one)  
   Time: ___________________
   - Hands on Individual  
     Name of Staff: ___________________  
     Time: ___________________
   - Seclusion  
     Name of Staff: ___________________  
     Time: ___________________

2. Restraint Intervention
   Record every 15 seconds & document any adverse changes.

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<tr>
<th>TIME</th>
<th>PRONE</th>
<th>SIDELYING</th>
<th>SUPINE</th>
<th>RESP MAINTAIN</th>
<th>LOC (ALERT, CONFUSED, ETC)</th>
<th>PHYSICAL CHANGE NOTED</th>
<th>TYPE OF RESTRAINT</th>
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3. Containment Types:  
   Name of Staff: ___________________  
   Time: ___________________
   - Velcro Restraint  
     Name of Staff: ___________________  
     Time: ___________________
   - Wall/Floor Containment  
     Name of Staff: ___________________  
     Time: ___________________
   - Gurney  
     Name of Staff: ___________________  
     Time: ___________________
   - Wrist/Waist Restraint  
     Name of Staff: ___________________  
     Time: ___________________
   - 5 Point Restraint  
     Name of Staff: ___________________  
     Time: ___________________
   - Geri Chair  
     Name of Staff: ___________________  
     Time: ___________________
   - Mittens  
     Name of Staff: ___________________  
     Time: ___________________
   - Other (Describe):  
     Name of Staff: ___________________  
     Time: ___________________

V. Crowd Control:
   Done By: ___________________  
   Time: ___________________

VI. Assessment:
   RN Name: ___________________  
   Time: ___________________
   MD Name: ___________________  
   Time: ___________________
   PhD Name: ___________________  
   Time: ___________________