

FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

RISK ASSESSMENT FOR THE USE OF CHEMICAL RESTRAINT AGENTS
AND ELECTRONIC IMMOBILIZATION DEVICES

DC4-650B Risk Assessment for the Use of Chemical Restraint Agents and Electronic Immobilization Devices must be completed when a pre-confinement health assessment is conducted. DC4-650B will be reviewed at the time of all practitioner health care encounters. If any changes in an inmate's medical condition are identified (e.g., new diagnosis) that would affect the use of chemical restraint agents or electronic immobilization devices, a new DC4-650B must be completed and provided to security staff, replacing the previous DC4-650B.

Chemical Restraint Agents Assessment: Initial the appropriate box (1)

No Known Medical Risk Factor(s)* has been identified at the time of this pre-confinement health assessment, based on a review of the medical record and current health status that may be exacerbated by the use of chemical restraint agents.

Has Medical Risk Factor(s)* at the time of this pre-confinement health assessment, based on a review of the medical record and inmate's current health status that may be exacerbated by the use of chemical restraint agents.

***Medical Risk Factor(s)** are conditions that may be exacerbated by the use of chemical restraint agents include, but are not limited to, the following: asthma, chronic obstructive pulmonary disease, emphysema, congestive heart failure, angina, pregnancy, and unstable hypertension. (Inmate is considered stable if B/P has been < 140/90 at last cardiovascular clinic visit.)

Electronic Immobilization Device (EID) Assessment: Initial the appropriate box (1)

No Known Medical Risk Factor(s)* has been identified at the time of this pre-confinement health assessment, based on a review of the medical record that may be exacerbated by the use of electronic immobilization devices.

Has Medical Risk Factor(s)* at the time of this pre-confinement health assessment, based on a review of the medical record, that may be exacerbated by the use of electronic immobilization devices.

***Medical Risk Factor(s)** are conditions that may be exacerbated by the use of electronic immobilization devices include, but are not limited to, the following: seizure disorder, multiple sclerosis, muscular dystrophy, pacemaker, and pregnancy.

Nurse Signature/Stamp

Date

Time

Inmate Name _____
DC# _____ Race/Sex _____
Date of Birth _____
Institution _____

Distribution: Original—to be maintained with medical record
White copy—to be maintained with DC6-229 in the housing unit

This form is not to be amended, revised, or altered without approval of the Chief of Health Services Administration.

FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

RISK ASSESSMENT FOR THE USE OF CHEMICAL RESTRAINT AGENTS
AND ELECTRONIC IMMOBILIZATION DEVICES

DC4-650B Risk Assessment for the Use of Chemical Restraint Agents and Electronic Immobilization Devices must be completed when a pre-confinement health assessment is conducted. DC4-650B will be reviewed at the time of all practitioner health care encounters. If any changes in an inmate's medical condition are identified (e.g., new diagnosis) that would affect the use of chemical restraint agents or electronic immobilization devices, a new DC4-650B must be completed and provided to security staff, replacing the previous DC4-650B.

Chemical Restraint Agents Assessment: Initial the appropriate box (1)

No Known Medical Risk Factor(s)* has been identified at the time of this pre-confinement health assessment, based on a review of the medical record and current health status that would be exacerbated by the use of chemical restraint agents.

Has Medical Risk Factor(s)* at the time of this pre-confinement health assessment, based on a review of the medical record and inmate's current health status that may be exacerbated by the use of chemical restraint agents.

***Medical Risk Factor(s)** are conditions that may be exacerbated by the use of chemical restraint agents include, but are not limited to, the following: asthma, chronic obstructive pulmonary disease, emphysema, congestive heart failure, angina, pregnancy, and **unstable** hypertension. (Inmate is considered stable if B/P has been < 140/90 at last cardiovascular clinic visit.)

Electronic Immobilization Device (EID) Assessment: Initial appropriate box (1)

No Known Medical Risk Factor(s)* has been identified at the time of this pre-confinement health assessment, based on a review of the medical record that may be exacerbated by the use of electronic immobilization devices.

Has Medical Risk Factor(s)* at the time of this pre-confinement health assessment, based on a review of the medical record, that may be exacerbated by the use of electronic immobilization devices.

***Medical Risk Factor(s)** are conditions that may be exacerbated by the use of electronic immobilization devices include, but are not limited to, the following: seizure disorder, multiple sclerosis, muscular dystrophy, pacemaker, and pregnancy.

Nurse Signature/Stamp

Date

Security Copy

Inmate Name _____
DC# _____ Race/Sex _____
Date of Birth _____
Institution _____

Distribution: Original—to be maintained with medical record
White copy—to be maintained with DC6-229 in the housing unit

This form is not to be amended, revised, or altered without approval of the Chief of Health Services Administration.