



**Office for People With
Developmental Disabilities**

**NYS Office For People
With Developmental Disabilities**

Order/Plan for Medical Immobilization/Protective Stabilization (MIPS)/ Sedation

Name of individual receiving services _____

Date of Birth _____

Name of agency/residence _____

Agency contact person _____

Phone number of agency contact person _____

MEDICAL IMMOBILIZATION/PROTECTIVE STABILIZATION

Manual: Arms Legs Head
 Mechanical: Arms Legs Head Torso
 Papoose Board:

APPOINTMENT TYPE

Medical Dental Dx
 Medical Dental Dx
 Medical Dental Dx

Special instructions (if any) regarding the above for agency staff _____

NITROUS OXIDE Type of appointment: Medical Dental Dx

MEDICATION

Type of appointment: Medical Dental Dx
 Name/strength of medication _____ Dosage Range _____
 Maximum daily dosage _____ Route _____
 Repeat Allowed: YES NO (if yes, interval between doses): _____

Type of appointment: Medical Dental Dx
 Name/strength of medication _____ Dosage Range _____
 Maximum daily dosage _____ Route _____
 Repeat Allowed: YES NO (if yes, interval between doses): _____

Type of appointment: Medical Dental Dx
 Name/strength of medication _____ Dosage Range _____
 Maximum daily dosage _____ Route _____
 Repeat Allowed: YES NO (if yes, interval between doses): _____

IV SEDATION Name of Medication: _____

Type of appointment: Medical Dental Dx

GENERAL ANESTHESIA:

Type of appointment: Medical Dental Dx

Signature _____ Title: _____

Printed Name _____

Date _____

Order/Plan for Medical Immobilization/Protective Stabilization (MIPS)/ Sedation

Purpose of the Order/Plan for Medical/Dental/Diagnostic Testing Appointments

The purpose of this form is to detail Medical Immobilization/Protective Stabilization (MIPS) and/or sedation planned for individuals who reside in facilities operated or certified by OPWDD (including family care), at medical, dental and/or diagnostic testing appointments.

Instructions

1. The use of MIPS or sedation requires the order of a health care practitioner (i.e. physician, nurse practitioner, physician's assistant, dentist). If this form is completed by someone other than the health care practitioner, a copy of the original order/prescription must be attached.
2. Informed consent for MIPS or sedation is required. This form or its equivalent must be sent to the surrogate decision maker with the request for informed consent.
3. MIPS that may be used include the following categories:
 - Manual immobilization/stabilization; arms, legs, head.
 - Mechanical immobilization/stabilization; arms, legs, head and/or torso.
 - Papoose board.
4. If the MIPS and/or sedation described may be used for more than one type of appointment please indicate so by checking as many boxes as applicable.
5. The **original** of this form is to be filed in the individual's clinical record.
6. A **copy** of the form and of the informed consent must be brought to each appointment where it is anticipated that MIPS and/or sedation will be used.