

Policy on Resident Involvement with Pink, Green, and Yellow Slips and Restraints (4.2.2026)

Pink, Green, and Yellow Slip Policy for Residents

Summa has established the designations of pink slips, yellow slips, and green slips to identify patients who cannot choose to leave the hospital against medical advice.

Pink Slips: Used for medically cleared mentally ill patients subject to involuntary hospitalization, also known as involuntary civil commitment/judicial hospitalization.

Yellow Slips: Used for mentally ill patients subject to involuntary hospitalization who are not medically cleared for psychiatric care.

Green Slips: Used for patients who lack decision-making capacity and are not mentally ill. These patients will be held until reassessed by a clinician and deemed to have regained decision-making capacity. They are not free to leave the hospital until they regain decision-making capacity or an alternate decision-maker is identified and consents.

Under Ohio law, residents are not permitted to issue pink slips. According to Summa Policy, yellow slips are converted to pink slips upon medical clearance; therefore, residents are not allowed to sign yellow slips.

Most patients requiring a pink or yellow slip will be identified in the emergency department, where the emergency room attending physician should complete the pink or yellow slip. If a resident identifies a patient outside of the emergency department who requires a pink or yellow slip, it must be staffed with the supervising attending and signed by them. This should be conducted by the med team attending, ICU attending, or CCU attending. If it is after hours and a med team attending is not available onsite, the covering USACS hospitalist should be contacted to complete the form. If no attending is available to sign the form, please contact Dr. Moore or one of the chief residents.

Residents are permitted to sign green slips. The supervising attending should always be notified when a green slip is signed for a patient.

Resident Involvement with Patient Restraints Policy

This policy does not supersede the System Policies on [Violent/Self-Destructive Restraints](#) and [Non-Violent, Non-Self-Destructive Restraints](#), which are available on Summa@Work under Policies & Procedures -> General Nursing. This clarification aims to outline resident involvement in this process. (*embedded links work only on Network Computers*)

When a resident needs to put in an order for any restraint on a patient, EPIC will require an attending physician cosigner to be named in order to sign the order. Begin by discussing the need for restraints with the attending or supervising physician and receiving agreement then placing the order and adding in any order details.

Residents should assess the patient, document the clinical indication, recommend restraint use when appropriate, and communicate with nursing, **but** must discuss with an attending and assign them as co-signer to the restraint order.

For restraints required due to violent or self-destructive behavior, the cosigning attending physician must complete the required face-to-face evaluation within one hour in accordance with system policy. *Even soft restraints are considered violent restraints when used for violent or self-destructive behavior.* Residents should notify their cosigning attending that a face to face evaluation and documentation is required within the hour. For Med Team patients, the need for violent restraints should prompt strong consideration of ICU consultation for level of care and monitoring. During daytime hours, the Med Team attending is responsible for completing the required face to face evaluations. After hours or when the Med Team attending is not available on site, the covering USACS hospitalist or ICU attending must be contacted to cosign the order and perform the face-to-face evaluation. If there are barriers to timely completion, residents should escalate to Dr. Moore or a chief resident.