

| | | | |
|---|--|---|--|
| Last Name <i>(Legal)</i> | | First Name <i>(Legal)</i> | |
| Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First | | DOB <i>(dd-Mon-yyyy)</i> | |
| PHN | ULI <input type="checkbox"/> Same as PHN | MRN | |
| Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown | |

**Inpatient/Acute Care
Mechanical Restraint Monitoring Record**

Date *(yyyy-Mon-dd)*

| | |
|----------------|---------------------|
| Restraint Type | Restraint Rationale |
|----------------|---------------------|

Legend

Restraint location: W=Wrist A=Ankle 4P=4 Point T=Torso Lap=Lap/Waist S=Shoulder
 Position: S=Sitting Rt=Rt side Lt=Lt side SU=Supine SF=Semi-fowlers
 Behaviour: Map=Refer to behaviour map C=Calm R=Restless D=Drowsy S=Sleeping O=Other
 Mobility: A=Ambulated ROM=Range of motion R=Repositioned
 Circulation assessed e.g. capillary refill, temperature, colour

| Time <i>(24hrs)</i> | | | | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Restraint Location | | | | | | | | | | | | |
| Position | | | | | | | | | | | | |
| Behaviour | | | | | | | | | | | | |
| Mobility | | | | | | | | | | | | |

Indicate (✓) yes; No or N/A not applicable

| | | | | | | | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Restraint Released | | | | | | | | | | | | |
| Injury | | | | | | | | | | | | |
| Circulation assessed | | | | | | | | | | | | |
| Fluids Offered | | | | | | | | | | | | |
| Toileted | | | | | | | | | | | | |
| Hygiene | | | | | | | | | | | | |
| Diversion Activity | | | | | | | | | | | | |
| Family Present | | | | | | | | | | | | |
| Health Record Documentation | | | | | | | | | | | | |
| Initials | | | | | | | | | | | | |

Notes

Inpatient/Acute Care Mechanical Restraint Monitoring Record

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