

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 *(dd-Mon-yyyy)*

Restraint Type	Restraint Rationale
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**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												
Respiratory Rate												
Fluids Offered												
Toileted												
Hygiene												
Diversion Activity												
Family Present												
Health Record Documentation												
Initials												

Notes

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