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| **Observation Record for Applying Physical Restraints** | ( |  | to |  | ) |
|  | (dd/mm/yyyy) |  | (dd/mm/yyyy) |  |

**(**Condition of the resident under physical restraints shall be checked at least once every 2 hours**)**

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| Name of RCHE |  | Name of resident |  | Room and/or bed no. |  |
|  |  |  |  |  |  |
| **No. & Type of restraints** | **Condition for Applying Restraints** | **Period of Applying Restraints** |
| 1. ☐Safety vest
 | ☐Sitting on chair　☐Lying in bed | ☐Daytime(from |  | to |  | ) | ☐Whole day |
|  | ☐Sitting on chair & lying in bed | ☐At night (from |  | to |  | ) | ☐Others |  |
| 1. ☐Seat belt
 | ☐Sitting on chair　☐Lying in bed | ☐Daytime(from |  | to |  | ) | ☐Whole day |
|  | ☐Sitting on chair & lying in bed | ☐At night (from |  | to |  | ) | ☐Others |  |
| 1. ☐Wrist restraint
 | ☐Sitting on chair　☐Lying in bed | ☐Daytime(from |  | to |  | ) | ☐Whole day |
|  | ☐Sitting on chair & lying in bed | ☐At night (from |  | to |  | ) | ☐Others |  |
| 1. ☐Gloves/Mittens
 | ☐Sitting on chair　☐Lying in bed | ☐Daytime(from |  | to |  | ) | ☐Whole day |
|  | ☐Sitting on chair & lying in bed | ☐At night (from |  | to |  | ) | ☐Others |  |
| 1. ☐Non-slippery
 | ☐Sitting on chair　☐Lying in bed | ☐Daytime(from |  | to |  | ) | ☐Whole day |
| trousers/stripes | ☐Sitting on chair & lying in bed | ☐At night (from |  | to |  | ) | ☐Others |  |
| 1. ☐Tray
 | ☐Sitting on chair/wheelchair | ☐From |  | to |  | ☐Whole day | ☐Others |  |
| 1. ☐Others:
 |  | ☐From |  | to |  | ☐Whole day | ☐Others |  |
|  |  |  |  |  |  |
| **Observation and points to note:** | 1. Physical restraints shall be released at least once every 2 hours to allow the residents to undergo relaxation and body movements.
2. The restrained parts should be released for observing and checking the blood circulation, skin condition, breathing, degree of restraint, residents’ level of consciousness, emotions of the residents, whether there is any dislocation or loosening of the physical restraint and need of water and nutrition, and toileting of the residents.
 |
| **Remarks codes:** | N- | All the aspects observed are normal |
| P- | Abnormal signs are identified **(should report to home manager, nurse or health worker immediately for further investigation and assessment and should be recorded appropriately)** |
|  | S- | Suspension of the use of physical restraint |

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| **Date** |  | / |  | / |  | (dd/mm/yyyy) | **Date** |  | / |  | / |  | (dd/mm/yyyy) |
| **Observationtime** | **Actual observation time** | **No. of restraints** | **RemarksN/P/S** | **Signature/name** | **Countersign\*/name** | **Observationtime** | **Actual observation time** | **No. of restraints** | **RemarksN/P/S** | **Signature/name** | **Countersign\*/name** |
| 7am – 9am |  |  |  |  |  | 7am – 9am |  |  |  |  |  |
| 9am – 11am |  |  |  |  |  | 9am – 11am |  |  |  |  |  |
| 11am – 1pm |  |  |  |  |  | 11am – 1pm |  |  |  |  |  |
| 1pm – 3pm |  |  |  |  |  | 1pm – 3pm |  |  |  |  |  |
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| **Date** |  | / |  | / |  | (dd/mm/yyyy) | **Date** |  | / |  | / |  | (dd/mm/yyyy) |
| **Observationtime** | **Actual observation time** | **No. of restraints** | **RemarksN/P/S** | **Signature/name** | **Countersign\*/name** | **Observationtime** | **Actual observation time** | **No. of restraints** | **RemarksN/P/S** | **Signature/name** | **Countersign\*/name** |
| 7am – 9am |  |  |  |  |  | 7am – 9am |  |  |  |  |  |
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| 3am – 5am |  |  |  |  |  | 3am – 5am |  |  |  |  |  |
| 5am – 7am |  |  |  |  |  | 5am – 7am |  |  |  |  |  |

\*Countersign: home manager/nurse/health worker shall conduct regular checks on the condition of every resident under restraint at least once a day in order to monitor staff’s compliance with proper procedures in applying restraint on an ongoing basis and should countersign the observation record after checking.