**Observation Record for Seclusion  
(**Condition of the resident should be reviewed at least once every 15 minutes**)**

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| **Name of RCHD:** | | |  | | | **Name of resident:** | | | |  | | | **Room and/or bed no.:** | |  |
|  | |  | | | | |  | | |  | | |  |  | |
| **Condition for Applying Seclusion:** | | | | |  | | | | | | | | | | |
| **Period for Applying Seclusion:** | | | | | ☐daytime(from | | |  | to | |  | ) | ☐whole day | |  |
|  | | | | | ☐at night(from | | |  | to | |  | ) | ☐others | |  |
| **Observation and points to note:** | | | | Attention should be paid to: residents’ level of consciousness; emotions and psychological reactions of residents; and need of water and nutrition and toileting of the resident | | | | | | | | | | | |
| **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 seclusion | | | | | | | | | | | |

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| **Date:** |  | | / |  | | / |  | | (dd/mm/yyyy) | | **Date:** |  | | / |  | | / |  | | (dd/mm/yyyy) | |
| **Observation Time** | | **Remarks N/P/S** | | | **Signature /Name** | | | **Countersigned\* /Name** | | **Time of checking** | **Observation Time** | | **Remarks N/P/S** | | | **Signature /Name** | | | **Countersigned\* /Name** | | **Time of checking** |
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\*Countersign: home manager/nurse/health worker shall conduct checks on the condition of every resident under restraint at least once a day to monitor on an ongoing basis staff’s compliance with proper procedures in applying restraint. The observation record should be countersigned after checking.