**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.