**隔離約束觀察紀錄表**

**（應最少每隔15分鐘檢查一次住客受約束的情況）**

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| **殘疾人士院舍名稱：** | | | |  | | | | **住客姓名：** | | |  | | **房及／或床號：** | |  |
|  | |  | | | | | |  | | |  | |  |  | |
| **使用隔離約束的原因：** | | | | |  | | | | | | | | | | |
| **使用隔離約束的時段：** | | | | | 只在日間（由： |  | 時至 | |  | 時） | | 全日 | | | |
|  | | | | | 只在晚上（由： |  | 時至 | |  | 時） | | 其他： | | | |
| **觀察及注意事項：** | | | | | 觀察項目包括：住客的清醒程度、情緒反應、飲食及如廁需要。 | | | | | | | | | | |
| **備註代號：** | N- | | 所有觀察項目正常 | | | | | | | | | | | | |
|  | P- | | 有不正常跡象（**應立即向主管、護士或保健員報告，加以了解及作出評估，並作適當記錄**） | | | | | | | | | | | | |
|  | S- | | 暫停使用隔離約束 | | | | | | | | | | | | |

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| **日期：** | **年　　月　　日** | | | | **日期：** | **年　　月　　日** | | | |
| **觀察時間** | **備註 （N/P/S）** | **簽署／姓名** | **加簽\*／姓名** | **抽查**  **時間** | **觀察時間** | **備註**  **（N/P/S）** | **簽署／**  **姓名** | **加簽\*／姓名** | **抽查**  **時間** | |
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\*加簽：院舍主管／護士／保健員須每日最少一次抽查每位受約束住客的情況，以持續監察員工有否按照正確程序使用約束，並於抽查後在加簽格內簽署作實。