**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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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。