

PATIENT'S INFORMATION
(Please Stick Label)

REASSESSMENT AFTER RESTRAINT - MINIMUM 2 HOURLY

Instruction : Tag in Trakcare

REASSESSMENT AFTER RESTRAINT

INSTRUCTION : RN To tick (✓) in the appropriate box

1. Types of restraint used:

☐ Unintended consequence inform
Senior Nurse / Doctor

Date									
Time									

Types of restraint used:

Socks & mitten									
Soft Limb restrainer									

2. **Behavioural Reassessment :**

Rational									
Restless									
Confused									
Aggressive									

3. **Skin Condition :**

Normal									
Dry									
Sweating									
Fragile									
Dehydrated									
Pale									
Skin peeling/break									
Rashes									
Redness									
Bruises									

4. **Adequate Nutrition Management : (Refer to Intake and Output chart)**

Yes

No

5. **Limb Circulation :**

Colour :

Normal

Pale

Cyanose

RT	LT	RT	LT	RT	LT	RT	LT	RT	LT	RT	LT	RT	LT	RT	LT	RT	LT	RT	LT

6. **Sensation :**

Warm

Cold

Numb

Pain

Limb Restrain Time	ON	OFF	ON	OFF	ON	OFF	ON	OFF	ON	OFF	ON	OFF	ON	OFF	ON	OFF	ON	OFF
Signature																		