Instruction : Tag in Trakcare

INSTITUT JANTUNG NEGARA
National Heart Institute

LIMB RESTRAINT INITIAL ASSESSMENT

PATIENT'S INFORMATION
(Please Stick Label)

WARD / UNIT : _____

DATE & TIME COMMENCED : _____

ORDER BY DOCTOR : _____

*** THIS ORDER IS ONLY VALID FOR THE NEXT 24 HOUR**

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

1. **Reason For Restraint**

   Endangering self ☐ Interferring with therapy ☐ Pulling out lines / ETT ☐

2. **Behavioural Assessment :** Restless ☐ Confused ☐ Aggressive ☐

3. **Skin Condition :** Normal ☐ Dry ☐ Redness ☐

   Bruises ☐ Sweating ☐ Pale ☐

   Rashes ☐ Fragile ☐ Integrity ☐

   Specify :_____

4. **Limb Circulation :**

Right Upper	Warm	☐	Cold	☐	Sensation Felt :	Yes	☐	No ☐
Right Lower	Warm	☐	Cold	☐	Sensation Felt :	Yes	☐	No ☐
Left Upper	Warm	☐	Cold	☐	Sensation Felt :	Yes	☐	No ☐
Left Lower	Warm	☐	Cold	☐	Sensation Felt :	Yes	☐	No ☐

5. **Area of restraint :**

Upper Limb	RT	☐	LT	☐
Lower Limb	RT	☐	LT	☐

Assessed by : _____

Date and Time : _____