

RESTRAINT MONITORING SHEET

Reason for Restraint:

 Self Harm Harm to Others Potential for Removing lines Others :

Type of Restraint : Physical = P (Left Wrist = LW; Right Wrist = RW; Left Ankle = LA; Right Ankle = RA; Chest = C)
 Chemical Restraints (Drugs = D)

Type of Device : Extremity restraint (ER) Mitten Restraint (MR) Others : _____

Restraint education provided to : Patient : Yes No Family : Yes No

Ordered By : _____ Date: 6/10/24

Treating Doctor Dr. Ahalé On 8am Time (from) : 8am (Valid Upto) : 9/10/24 Signature : A. Ahalé

ON GOING ASSESSMENT

Type of Restraint : Physical **Type of Device :** Extremity **Date :** 6/10/24

Date of 1st Application 6/10/2024

On Going Monitoring

Time	8am	10am	12pm	2pm	4pm	6pm	8pm	10AM	12A	2A	4A	6A
Position	✓	✓			✓							
Circulation	✓	✓	✓	✓	✓							
Skin Integrity	✓	✓	✓	✓	✓							
Skin Cleaned & Massaged	✓	✓	✓	✓	✓							
Fluid Needs	✓	✓	✓	—	✓	—	—	—	—	—	—	—
Toileting Needs	✓	—	—	—	—	—	—	—	—	—	—	—
Nutrition Offered	✓	—	—	✓	X	X	X	X	X	X	X	X
Evaluate Restraint Removal	✓	—	—	✓	—	—	—	—	—	—	—	—
Temperature	—	✓	✓	—	—	—	—	—	—	—	—	—
Deformity of Site	X	✓	X	†	X	X	X	X	X	X	X	X
Care Giver Initials EMP ID	April A33	Amit A11	Amit A22	Amit A33	Amit A44	Amit A55	Amit A66	Amit A77	Amit A88	Amit A99	Amit A00	Amit A11

DOCUMENTATION STANDARDS

Documentation of assessment /care /monitoring is completed by (✓) mark when the following criteria are met. If criteria not met, a (X) mark to be entered and a note is written. Assessment is ongoing; documentation is required at least every 2 hours

POSITION: Proper alignment of the restrained limb is maintained

CIRCULATION: Nail bed blanches in less than 3 seconds and pulse present above and below restraint

SKIN INTEGRITY: Skin integrity around / under the device and all bony prominence indicates no pressure or reddened areas developed

SKIN CLEANED & MASSAGED skin care provided by cleaning massaging and positioning.

FLUID NEEDS: Fluids administer as per physician order (oral or parenteral). If patient is not on restriction fluid offered every hourly

TOILETING NEEDS: Elimination Need Attended to, either by Foleys catheter(only if ordered for other medical necessity) or by offering bed pan or assistance to bathroom / commode chair

NUTRITION OFFERED: Nutrition needs met as per physician order. If oral intake allowed, patient offered and assisted with meal

TEMPERATURE : Patient skin comfortable to touch, patient temperature checked as per physician order and room temperature maintained as per patient condition

EVALUATION FOR REDUCTION OR REMOVAL: The use of restraint is evaluated frequently (at least every 2 hours)and ends at the earliest possible time

DEFORMITY OF SITE state of deformed no injuries or trauma due to restraint device.

Any observation

Restraint Order Discontinued: Yes No Discontinued On: _____ at _____

Name of Nurse: Amrit Signature & Emp. ID: Amit Date: 7/10/24 Time: 8am