

RM 70

Nama :

Tanggal Lahir :

Nomor RM :

NIK :

**Monitoring Restrain**

Tanggal Pemasangan : Jenis Restraint :

Tanggal Pelepasan :

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | Tgl | Jam | Kondisi Pasien | | | Luka (-/+) | Ket | Ttd dan Nama Perawat |
| Kesadaran | Kondisi Bahaya | Kondisi Tidak Bahaya |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

*PAP 3.7 / HPK 2.1 EP 2 – 6/ HPK 2.2 /Akreditasi SNARS Edisi 1.1.*