



### Personal Care Home/ Transitional Care Unit Emergency Restraint Monitoring Record

**Instructions:** This monitoring record should be used to check off that safety checks are completed for each resident's Emergency Restraint that is in use. Interdisciplinary team members can write a restraint order that may increase the frequency of safety checks however the minimum thresholds noted on the back of this document are to be adhered to. This monitoring record can be used at the 72-hour mark to guide the decision to continue the restraint for this resident.

**Restraint Type & Method of Application:** \_\_\_\_\_

**Frequency of Restraint Checks:** \_\_\_\_\_

		Date Time																		
<b>Resident Behavior</b>	Agitated																			
	Calling out																			
	Awake/ Calm																			
	Asleep																			
	Other																			
<b>Nutrition/Hydration Offered</b>																				
<b>Toilet Regime</b>																				
<b>Skin Integrity Check</b>																				
<b>Skin concerns reported to nurse</b>																				
<b>Behavior Interventions Tried</b>	Supportive Environment i.e. Decreased noise/lights																			
	Distraction /Activities																			
	1:1 Support																			
	Other																			
<b>Resident Response to Restraint</b>																				
<b>Restraint Removed</b>																				
<b>Staff Signature/Designation</b>																				

- This document will serve as evidence that the safety checks are completed as ordered.
- All restraint orders are to include the frequency for monitoring the resident. The following restraints are to be monitored at minimum as follows;

Restraint Type	Minimum Frequency of Checks
Chair Tray	Q1h
Hand Mitts	Q1h
Removal of Mobility Aid	Q1h
Seat and/or lap belt	Q15-30 mins.
Side rails greater than ½	Q1h
Isolation	Q1h
Chemical	Q15 mins.

- **Resident Behavior**- Document the predominant behavior the resident is displaying at the time of assessment.
- **Nutrition/Hydration**-Document if any food or fluids were provided to the resident while the emergency restraint is in use.
- **Toilet Regime**- Document anytime the resident is assisted to the Bathroom/Commode/ Bed Pan/Urinal or any time an incontinent product was changed.
- **Skin Integrity Check**-Document anytime the resident’s skin was visualized to ensure skin integrity. Any issues identified should be communicated to the nurse using the Health Care Aid Skin Observation Form (CLI.4410.SG.002.FORM.05).
- **Behavior Interventions Tried**: Document any behavioral interventions tried with the resident.
- **Resident Reaction to Restraint**-Document the resident’s reaction to the restraint at the time of assessment.
- **Restraint Removed**- Document anytime the restraint was removed and for how long.