

Documentation – Documenting Restraint Observations



This Quick Reference Guide will explain how to:

Complete observations for the mechanically restrained patients for both Type I & II mechanical restraints in EMR.

Definitions:

Type 1: Padded limb restraints used to secure a person's wrists, ankles &/or biceps to a bed or trolley.

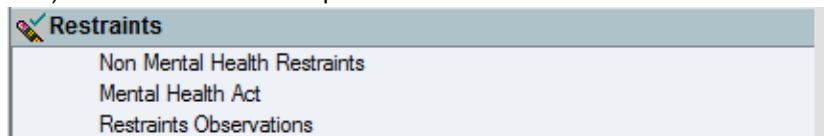
Type 2: Restriction of movement through the use of table inserts, bed/chair mechanics and mittens

Documenting restraint observations in EMR:

Documentation is commenced by nursing staff upon initiation of mechanical restraints as per legislation and Western Health (WH) Policies, Procedures, and Guidelines (PPG).

- Type 1 restraints require direct 1:1 supervision with 15/60 documented observations.
- Type II requires constant visual supervision with documented observations at least every 30/60.

1. Select Interactive View and Fluid Balance (iView) from the menu in the patient chart.
2. Click on Restraints navigator band.



3. Complete iView documentation for Restraints Observations click on the green tick to sign observations.



14/08/2023 09:11	
<input checked="" type="checkbox"/>	Non Mental Health Restraints
	Restraint Type 1 4 points (...)
	Restraint Type 2 Mittens, ...
	Restraint to Prevent Interfere...
<input checked="" type="checkbox"/>	Restraint Discussed w Family/Significant Yes
<input type="checkbox"/>	Name of Family/Significant Other
<input type="checkbox"/>	Relationship to Patient
<input type="checkbox"/>	Discussed w Family Significant Comment
	Restraint Start 14/08/20...
<input checked="" type="checkbox"/>	Restraint End
<input checked="" type="checkbox"/>	Restraints Observations
<input checked="" type="checkbox"/>	Restraint Activity
	Restraint Type 1 4 points (...)
	Restraint Type 2 Mittens, ...
	Restraint Conscious State
	Restraint Behaviour
<input checked="" type="checkbox"/>	Restraint Circulation
<input checked="" type="checkbox"/>	Restraint Skin Intact
<input checked="" type="checkbox"/>	Restraint Hydration Hourly
<input checked="" type="checkbox"/>	Restraint Check Hourly
<input checked="" type="checkbox"/>	Restraint Release 2 Hourly
<input checked="" type="checkbox"/>	Restraint Reposition 2 Hourly
<input checked="" type="checkbox"/>	Restraint Toilet 2 Hourly
	Restraint Observation Comment
<input checked="" type="checkbox"/>	Debriefing offered by Snr RN or MO