RESTRAINT MONITORING and CARE PLAN DOCUMENTATION

Care Plan Documentation: Goal – Minimise and Safely Use Restraint

As per Restraint Consent Form

1. **Type of restraint** e.g. reclining armchair, Risperidone medication etc.
2. **Indications (reasons) for use**
3. **Indications for ceasing use** e.g. consumer distress (crying, pulling at restraints, attempting to get out of chair)
4. **Maximum time of use** (under 2 hours)
   - ❑ To reduce risk of dependence, incontinence, falls due to loss of strength, distress and perceived abuse
5. **Frequency of use** e.g. maximum of twice a day
6. **Monitoring requirements**:
   - ❑ Correct application (as per manufactures instructions)
   - ❑ Access to nutrition and hydration
   - ❑ Access to toilet/continence facilities
   - ❑ Pressure injury (due to lack of movement or contact with physical restraint equipment)
   - ❑ Chemical restraint
     - ❑ Level of sedation
     - ❑ Decrease in ability to eat, drink, walk or self-care independently
     - ❑ Increase in incontinence
     - ❑ Cardiac or respiratory effects e.g. changes in blood pressure, pulse, respiration or peripheral oxygen saturation levels ($sp0_2$)