

<b>ANNEXURE: 7</b>	<b>Restraints Assessment Checklist</b>		
<b>CHAPTER: 4</b>	<b>Care Home Rules, Policies, Operations and Management</b>		
<b>MONTH CREATED</b>	<b>December 2024</b>	<b>NEXT REVIEW</b>	<b>December 2026</b>
<b>CHAPTER CODE</b>	<b>CHRP</b>	<b>VERSION</b>	<b>1</b>
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<b>Restraints Assessment Checklist</b>			
Resident Name			
Resident Room No		Resident Age	
Date and Time of Assessment			
Last Date of Restraints Assessment			
Was Family Informed			
Action Taken			
Staff Responsible			
Name of Physician, Nurse			
Signature & Date of Physician			

<b>S.No</b>	<b>Assessment</b>	<b>Suggested Type of Restraint</b>	<b>Duration Suggested</b>
1	Aggressive Behaviour		
2	Self-Harm		
3	Harm to Others		
4	Wandering		
5	Falling of Beds		
6	Delusion		
7	Substance Abuse		
8	Alcohol Abuse		
9	Prescribed Medication		
10	Weak Muscles		
11	Paralysis		
12	Joint Degeneration		
13	Unsteady Gait		
14	Visual Impairment		
15	Hearing Impairment		
16	History of removing assistive devices like Tube Feeding, Catheter, Oxygen Mask		
17	Removing Clothes		

### Types of Restraints

CHAPTER: 4 - Restraints Assessment Checklist

S.No	Type of Restrain Prescribed	Remarks
A	Physical Restraint	
A1	Safety Vests	
A2	Safety Belts	
A3	Wrist Restraints	
A4	Gloves/Mittens	
A5	Non-Slippery Trousers/Stripes	
A6	Lap Trays	
B	Chemical Restraints	
C	Environmental Restraint	
C1	Room Movement Restriction	
C2	Communal Areas Movement Restriction	

**Doctors Remarks**

Need for Restraint: Yes \_\_\_\_\_ No \_\_\_\_\_, Type of Restraint \_\_\_\_\_

Timing of Restraints \_\_\_\_\_

Next assessment of Restraint \_\_\_\_\_

Name of Doctor		
Signature		
Date		

Name of Resident / Legal Guardian	<p>I / We (Legal Guardian) give consent to the use of a physical / chemical / environmental restraint after being assessed of my condition and informed of the potential benefits and risks of restraint.</p> <p>I/We also understand that I can exercise my rights to withdraw this permission.</p> <p>I / We DO NOT give consent to the use of restraints for treatment of medical symptoms.</p>	
Resident Signature		
Resident Guardian / Legal representative Signature in-case the resident cannot take the decision		
Type of Restraint Prescribed		
Date		