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| **身體約束物品觀察紀錄表** | （ |  | 年 |  | 月 |  | 日至 |  | 年 |  | 月 |  | 日） |

**（須最少每2小時檢查一次住客使用約束措施的情況）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **安老院名稱：** | | |  | | | **住客姓名：** | | |  | | | | | | **房及／或床號：** | | | | |  | |
|  | |  | | | |  | | |  | | | | | |  | | | |  | | |
| **約束物品編號及種類** | | | | | **約束情況** | | **約束時段** | | | | | | | | | | | | | | |
| **(1)** | 約束衣 | | | | ☐坐在椅上　☐躺在床上 | | ☐日間（由 | | |  | | 時至 | |  | | | 時） | ☐全日 | | |  |
|  | | | | | ☐坐在椅上及躺在床上 | | ☐晚上（由 | | |  | | 時至 | |  | | | 時） | ☐其他： | | |  |
| **(2)** | 約束腰帶 | | | | ☐坐在椅上　☐躺在床上 | | ☐日間（由 | | |  | | 時至 | |  | | | 時） | ☐全日 | | |  |
|  | | | | | ☐坐在椅上及躺在床上 | | ☐晚上（由 | | |  | | 時至 | |  | | | 時） | ☐其他： | | |  |
| **(3)** | 手腕帶 | | | | ☐坐在椅上　☐躺在床上 | | ☐日間（由 | | |  | | 時至 | |  | | | 時） | ☐全日 | | |  |
|  | | | | | ☐坐在椅上及躺在床上 | | ☐晚上（由 | | |  | | 時至 | |  | | | 時） | ☐其他： | | |  |
| **(4)** | 約束手套／ | | | | ☐坐在椅上　☐躺在床上 | | ☐日間（由 | | |  | | 時至 | |  | | | 時） | ☐全日 | | |  |
|  | 連指手套 | | | | ☐坐在椅上及躺在床上 | | ☐晚上（由 | | |  | | 時至 | |  | | | 時） | ☐其他： | | |  |
| **(5)** | 防滑褲／ | | | | ☐坐在椅上　☐躺在床上 | | ☐日間（由 | | |  | | 時至 | |  | | | 時） | ☐全日 | | |  |
|  | 防滑褲帶 | | | | ☐坐在椅上及躺在床上 | | ☐晚上（由 | | |  | | 時至 | |  | | | 時） | ☐其他： | | |  |
| **(6)** | 枱板 | | | | ☐坐在椅上／輪椅上 | | ☐由 |  | | 時至 |  | | 時 | | | ☐全日 | | ☐其他： | | |  |
| **(7)** | 其他： | | | |  | | ☐由 |  | | 時至 |  | | 時 | | | ☐全日 | | ☐其他： | | |  |
|  | |  | | | |  | | | |  | | | | |  | | | |  | | |
| **觀察及**  **留意事項：** | | 1. 必須最少每2小時放鬆受約束的部位，讓住客舒展和活動身體。 2. 放鬆受約束的部位後觀察和檢查受約束住客的情況，包括：住客的血液循環、皮膚狀況、呼吸狀況、約束程度、清醒程度、情緒反應、約束的位置有否移位或鬆脫、住客的飲食及如廁需要。 | | | | | | | | | | | | | | | | | | | |
| **備註代號：** | | N- | | 所有觀察項目正常 | | | | | | | | | | | | | | | | | |
|  | | P- | | 有不正常跡象（**應立即向主管、護士或保健員報告，加以了解及作出評估，並作適當記錄**） | | | | | | | | | | | | | | | | | |
|  | | S- | | 暫停使用約束物品 | | | | | | | | | | | | | | | | | |

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| **日期** | **年　　月　　日** | | | | | **日期** | **年　　月　　日** | | | | |
| **觀察時段** | **實際觀察時間** | **約束物品編號** | **備註**  **N/P/S** | **簽署／**  **姓名** | **加簽\*／**  **姓名** | **觀察時段** | **實際觀察時間** | **約束物品編號** | **備註**  **N/P/S** | **簽署／**  **姓名** | **加簽\*／**  **姓名** |
| 7am - 9am |  |  |  |  |  | 7am - 9am |  |  |  |  |  |
| 9am - 11am |  |  |  |  |  | 9am - 11am |  |  |  |  |  |
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| **日期** | **年　　月　　日** | | | | | **日期** | **年　　月　　日** | | | | |
| **觀察時段** | **實際觀察時間** | **約束物品編號** | **備註**  **N/P/S** | **簽署／**  **姓名** | **加簽\*／**  **姓名** | **觀察時段** | **實際觀察時間** | **約束物品編號** | **備註**  **N/P/S** | **簽署／**  **姓名** | **加簽\*／**  **姓名** |
| 7am - 9am |  |  |  |  |  | 7am - 9am |  |  |  |  |  |
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\*加簽：主管／護士／保健員須每日最少一次抽查每位受約束住客的情況，以持續監察員工是否按照正確程序使用約束，並於抽查後在加簽格內簽署作實。