GUAM REGIONAL MEDICAL CITY
Where Patients are Partners

SKILLS CHECKLIST: Patient's with Restraints

NAME: _____ UNIT: _____ DATE: _____

Competency Statement: THE RN & LPN is competent in providing care for PATIENT's with RESTRAINTS.						
1=Cannot Perform Skill Independently 2=Requires Some Assistance to Perform Skill	3=Can Perform Skill Independently N/A=Not Applicable **Evaluator must initial every line					
MEASURABLE CRITERIA	1	2	3	N/A	**EVALUATOR'S INITIALS	COMMENTS
1. Assess the need for restraints after validation in the doctor's order and collaborates with assigned nurse regarding carrying out restraint order.						
2. Assists the doctor in explaining to the family the reason of the restraint. Allows family to ventilate feelings and concerns.						
3. Provides patient's privacy during application of restraint. Observes safety precautions.						
4. Positions patients appropriately during restraint to enable maximum chest expansion for breathing.						
5. Pads bony prominences on the wrist/ankle if needed to prevent skin breakdown. Uses a half bow knot, attaches the other end of the restraint to the bed frame.						
6. Slips two fingers under the restraint to check for tightness.						
7. Checks on the patient while on restraints *every 2 hours* or as needed, and report abnormal findings (injury, skin breakdown, bruising, change in behavior/LOC, etc) to the nurse.						
8. Releases one restraint from each extremity *every 2 hours*, reapplies appropriately.						
9. Checks the patient's need for nutrition, toileting and other concerns *every 2 hours*.						
10. Documents the procedure in the Patient's Chart.						

OVERALL REVIEW
_____ Outstanding
_____ Satisfactory
_____ Needs Improvement
_____ Unsatisfactory

ACTIONS RECOMMENDED
_____ Schedule makeup of procedure
_____ Review procedure policy before makeup
_____ further demonstration of skill by supervisor
_____ In-service/Continued Education required

Comments: _____

Print Staff Name: _____ Print Evaluator's Name: _____

Staff Signature: _____ Evaluator Signature: _____

Evaluation/Validation Methods: __ Verbal __Demonstration/Observation __Practical Exercise __ Interactive Class