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| **Patient Sticker** |

**TO BE COMPLETED BY NURSE at end of shift and EVALUATED BY NURSE starting shift and TURNED IN TO CHARGE RN EVERY SHIFT.**

Date/Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician ordering restraint\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd tier review done when applied Y/N Order Current Y/N

Restraints monitor and RN assess charted exactly every 2h for shift. Y/N

Hourly “three times and hour” checks charted Y / N

Education and care plan charted Y/N

If discontinued on this shift is it documented /discontinued as such Y/N

Expiration and new order due \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Going home nurse signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ oncoming nurse signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Expiration and new order due \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Going home nurse signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ oncoming nurse signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_