ate i	month.	dav	vear'

Time	Initial	Type Of Restraint	PHYSICAL STATUS					MENTAL STATUS			
			Circulation Distal		Motor Activity	Busathina	General Appearance	Orientation	Speech	Behavior	
		Restraint	Skin	Pulse	Cap. Refill	Activity		Appearance			
TVDE	OF DE	CTD A INIT.		WEW.			INUTIA	LO NAME		INUTIALO	NAME TITLE
TYPE OF RESTRAINT: KEY 1 = Full (hard) restraints N = Normal (see "normal" list below)			INITIA	LS - NAME -	IIILE	INITIALS -	NAME - TITLE				
		er restraints	Α=	= Abnormal	(requires progre	ess note)					
3 = 4 pt. restraints NC = not checked (requires progress note)											
	4 = Other										
Skin: warm, no lesions. Pulse: equal and strong. Cap. Refill: less than four seconds, no swelling. Breathing: not obstructed. Motor Activity: able to make a fist, spread fingers, touch thumb and little finger, extend					IDENTIFICATION Name						
and dorsiflex feet. Orientation: To person, place and time. Speech: Clear, appropriate. Behavior: affect appropriate.						ech: Clear,	Number Date of birth				