

Notification of use of Safer Holding/Soft Restraint
The Orchard Clinic, REH



Date:		Time:	
Patient forename:		Patient Surname:	
DOB:		CHI:	
Ward:		Consultant:	
Reason for use of soft restraint/Safer Holding System:			
Signature of Nurse in Charge:			
Print Name:			
Signature of adviser on shift:			
Print name:			
Persons notified by Nursing staff (On-call Consultant and On-call Charge Nurse):			
Name:		Date:	Time:
Name:		Date:	Time:
Discontinued Date:		Time:	

PLEASE FILE IN PATIENTS NOTES/UPLOAD TO TRAK