

ROYAL GOVERNMENT OF BHUTAN NAME OF HCC DZONGKHAG

Patient Monitoring tool/checklist for Physical/Chemical restrain

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CID/Reg. No:							Date:					
Patients Name							Gender	M	F	Others		
Diagnosis							Age					
Dosage	Route	Date & time	Advised	Administered by	Vitals							Urine Output
					BP	Temp	SPO2	Resp	HR	RBS	GCS	
	s Name	s Name sis	sis Name Date	sis Name Date	sis Name Date Administered	Solution Solution Dosage Route & time Advised by Administered by	Solution Solution Dosage Route & time Advised by Administered by	Some Gender Sis Vame Dosage Route Date & time Advised by Administered by Company Com	Some Gender M Age Dosage Route & time Advised by Vitals	Some Gender M F Sis Age Dosage Route & time Advised by Vitals	Some Gender M F Others Age Dosage Route & time Advised by State Administered by State Administered by State Barbara State Administered by State	Some Gender M F Others Age Dosage Route & time Advised by Vitals