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|  | **（安老院名稱）** |
| **使用約束的評估及同意書** | |

（須最少每6個月或因住客情況轉變評估一次）

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| 住客姓名 |  | | 性別／年齡 |  | | 身份證號碼 | |  |
| 房及／或床號 | |  | | | 上次評估日期 | |  | |

**［**原則：約束是指為限制住客活動以避免其對自己及／或其他人造成傷害而使用的方法，院舍應採取盡量避免使用約束的措施，只有在嘗試其他折衷辦法失效後或在緊急的情況下，當該名住客及／或其他住客的利益遭到危害時，才可考慮使用約束。］

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| **（一）住客情況／風險因素**（請在合適的方格內加上「🗸」號，可作多項選擇） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **精神及／或行為異常的情況** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | 情緒問題／神智昏亂 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 遊走 | | | | | | | | | | | | | | 傷害自己的行為，請註明： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
|  | | | 傷害／騷擾他人的行為，請註明： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **未能保持正確坐姿** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | 背部及腰肢肌肉無力 | | | | | | | | | | | | | | | | | | | | | | 癱瘓 | | | | | | | | | | | | | | 關節退化 | | | | | | | | | | | | | | | | 其他，請註明： | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **有跌倒風險** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | 步履失平衡 | | | | | | | | | | | | | | | | | | | 住院期間曾經跌倒 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 視／聽力衰退 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | 受藥物影響 | | | | | | | | | | | | | | | | | | | 其他跌倒的風險，請註明： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **曾除去治療用之醫療器材及／或維護身體的用品** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | 餵食管 | | | | | | | | | | | | | | | | 氧氣喉管或面罩 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 尿片或衣服 | | | | | | | | | | | | | | | | | | | | | | | | 其他造口護理裝置 | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | 導尿管 | | | | | | | | | | | | | | | | 其他，請註明： | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **其他，請註明：** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **（二）折衷辦法** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | |
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|  | 約束以外的折衷辦法 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 評估日期 | | | | | | | | | | | | | | | 評估結果 | | | | | | | | | | 備註 | | | | | | | | | |  | |
|  | （請在合適的方格內加上「🗸」號，可作多項選擇） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 有效 | | | | | | 無效 | | | |
|  | 延醫診治，找出影響情緒或神智昏亂的原因並處理 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | |  | |
|  | 與醫生商討療程或調校藥物 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | |  | |
|  | 尋求物理治療師／職業治療師／臨床心理學家／社工的介入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | |  | |
|  | 改善家具：使用更合適的座椅、座墊或其他配件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | |  | |
|  | 改善環境：令住客對環境感安全、舒適及熟悉 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | |  | |
|  | 提供消閒及分散注意力的活動 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | |  | |
|  | 多與住客傾談，建立融洽互信的關係 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | |  | |
|  | 安老院員工定期觀察及巡視 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | |  | |
|  | 調節日常護理程序以配合住客的特殊需要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | |  | |
|  | 請家人／親友探望協助 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | |  | |
|  | 其他，請註明： | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | |  | |
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| **（三）約束物品建議**（請在合適的方格內加上「🗸」號，可作多項選擇） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | 約束物品種類 | | | | | | | | | | | | | | | | 使用約束物品情況 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 使用約束物品的時段 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |
|  | 約束衣 | | | | | | | | | | | | | | | | 坐在椅上　躺在床上  坐在椅上及躺在床上 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 日間（由 | | | | | | | | | | | |  | | | | | | 時至 | | | | | | | | |  | | | | | | 時） | | | 全日 | | | | | | | | | | |  | | | |  | |
| 晚上（由 | | | | | | | | | | | |  | | | | | | 時至 | | | | | | | | |  | | | | | | 時） | | | 其他： | | | | | | |  | | | |  | | | |
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|  | 約束腰帶 | | | | | | | | | | | | | | | | 坐在椅上　躺在床上  坐在椅上及躺在床上 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 日間（由 | | | | | | | | | | | |  | | | | | | 時至 | | | | | | | | |  | | | | | | 時） | | | 全日 | | | | | | | | | | |  | | | |  | |
| 晚上（由 | | | | | | | | | | | |  | | | | | | 時至 | | | | | | | | |  | | | | | | 時） | | | 其他： | | | | | | |  | | | |  | | | |
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|  | 手腕帶 | | | | | | | | | | | | | | | | 坐在椅上　躺在床上  坐在椅上及躺在床上 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 日間（由 | | | | | | | | | | | |  | | | | | | 時至 | | | | | | | | |  | | | | | | 時） | | | 全日 | | | | | | | | | | |  | | | |  | |
| 晚上（由 | | | | | | | | | | | |  | | | | | | 時至 | | | | | | | | |  | | | | | | 時） | | | 其他： | | | | | | |  | | | |  | | | |
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|  | 約束手套／  　連指手套 | | | | | | | | | | | | | | | | 坐在椅上　躺在床上  坐在椅上及躺在床上 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 日間（由 | | | | | | | | | | | |  | | | | | | 時至 | | | | | | | | |  | | | | | | 時） | | | 全日 | | | | | | | | | |  | | | | |  | |
| 晚上（由 | | | | | | | | | | | |  | | | | | | 時至 | | | | | | | | |  | | | | | | 時） | | | 其他： | | | | | | |  | | |  | | | | |
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|  | 防滑褲／  　防滑褲帶 | | | | | | | | | | | | | | | | 坐在椅上　躺在床上  坐在椅上及躺在床上 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 日間（由 | | | | | | | | | | | |  | | | | | | 時至 | | | | | | | | |  | | | | | | 時） | | | 全日 | | | | | | | | | |  | | | | |  | |
| 晚上（由 | | | | | | | | | | | |  | | | | | | 時至 | | | | | | | | |  | | | | | | 時） | | | 其他： | | | | | | |  | | |  | | | | |
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|  | 枱板 | | | | | | | | | | | | | | | | 坐在椅／輪椅上 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 日間（由 | | | | | | | | | | | |  | | | | | | 時至 | | | | | | | | |  | | | | | | 時） | | | 全日 | | | | | | | | | |  | | | | |  | |
| 晚上（由 | | | | | | | | | | | |  | | | | | | 時至 | | | | | | | | |  | | | | | | 時） | | | 其他： | | | | | | |  | | |  | | | | |
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|  | 其他： | | | | | | | | | | | |  | | | | 坐在椅上　躺在床上  坐在椅上及躺在床上 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 日間（由 | | | | | | | | | | | |  | | | | | | 時至 | | | | | | | | |  | | | | | | 時） | | | 全日 | | | | | | | | | |  | | | | |  | |
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| **下次評估日期** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | |  | | | | | | | | | | |
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| 護士／保健員姓名 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | 護士／保健員簽署 | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | 日期 | | | | | |  | | | | | | | | | | | | | |  | |
| 主管姓名 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | 主管簽署 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | 日期 | | | | | |  | | | | | | | | | | | | | |  | |
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| **（四）醫生意見**（請在合適的方格內加上「🗸」號） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | | | | | **同意**上述住客按第（三）部分的建議使用約束物品 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | **不同意**上述住客使用約束物品 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | 備註： | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| 醫生姓名 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 醫生簽署 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 日期 | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | |
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| **（五）住客意願**（請在合適的方格內加上「🗸」號，並在\*處刪去不適用者） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | 本人 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | （住客姓名）經 | | | | | | | | | | | | | | | | | | | | | 本人乃 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | （住客姓名）的 | | | | | | | | | |  | | |
|  | \*院舍員工／醫生向本人清楚解釋需要使用約束物品的原因、使用約束物品的種類和時段、使用約束物品可能帶來的短期及長遠影響（見下文「特別注意事項」）、及院舍職員曾嘗試採用的折衷辦法及其成效後，本人現 **同意**／**不同意** 按第（三）部分的建議使用保護性約束物品。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \*監護人／保證人／家人／親屬／到診醫生，現見證該住客因認知能力不足而不能簽署同意書。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | 見證人姓名 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | 關係 | | | |  | | | | | | | | | |  |  | | |
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|  | 住客簽署 | | | | | | | | | |  | | | | | | | | | | | | 日期 | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | 見證人簽署 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | 日期 | | | |  | | | | | | | | | |  |  | | |
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| **（六）監護人／保證人／家人／親屬意願**（請在合適的方格內加上「🗸」號，並在\*處刪去不適用者） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| 本人 | | | | | | |  | | | | | | | | | | | | | | | | | | | 乃 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | （住客姓名）的\*監護人／保證人／家人／親屬，經 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*院舍員工／醫生向本人清楚解釋上述住客需要使用約束物品的原因、使用約束物品的種類、使用約束物品的時段、使用約束物品可能帶來的短期及長遠影響（見下文「特別注意事項」）、及院舍職員曾嘗試採用的折衷辦法及其成效後，本人現 **同意**／**不同意** 上述住客按第（三）部分的建議使用保護性約束物品。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 簽署 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 與住客關係 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 日期 | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |
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**（七）特別注意事項**

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| 1. | 須最少每2小時檢查一次住客使用約束的情況。 |
| 2. | 約束物品會使住客長期處於坐或卧的狀態，減少了住客的活動和關節的活動能力，令肌肉萎縮。 |
| 3. | 骨骼可能會因為減少了負重而變得疏鬆和脆弱。 |
| 4. | 由於血液循環系統的功能下降，下肢可能會出現水腫。 |
| 5. | 受約束的住客可能會出現憤怒、羞辱、恐懼、無助、不安等負面情緒。 |
| 6. | 長期約束會令住客變得脾氣暴躁、焦慮，甚至有抑鬱的傾向。 |
| 7. | 受約束的住客身體會轉弱和精神變差，更容易引致跌倒及受傷。 |
| 8. | 有些住客會十分抗拒被約束，並會嘗試掙脫約束物品，因此可能會造成自身傷害或跌倒。 |
| 9. | 由於活動能力受到限制，住客與人傾談和相處的機會亦逐漸減少，影響了他們的社交健康。 |