MOUNT PLEASANT COTTAGE SCHOOL

UNION FREE SCHOOL DISTRICT

POST RETRAINT NURSING EVALUATION

To be completed by Nurse

Child's Name:	DOB:	Child's Cottage
Date of Restraint:	Time of Restraint:	Location of Restraint:

Date Child seen: ______________ Time: ______________ Accompanied by: ________________________________

Was Injury Reported? Yes _______ No ________

Please explain injuries below and mark with a number on figure:

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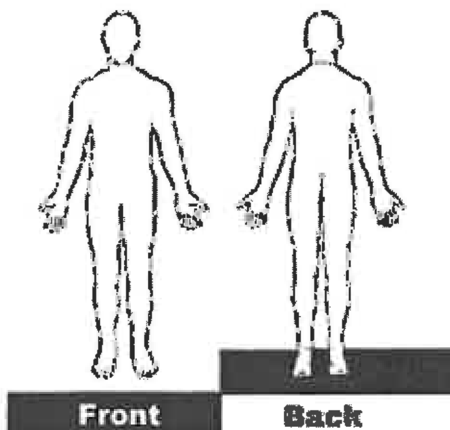

Type of Injury (indicate all that apply)

○ None	○ Nausea	○ Petechiae
○ Swelling	○ Vomiting	○ Eye Injury
○ Bruise	○ Sprain	○ Dental Injury
○ Bite	○ Dislocation	○ Superficial Laceration
○ Abrasion	○ Fracture	○ Severe Laceration
○ Burn	○ Shortness of Breath	○ Possible Fracture/Dislocation
○ Other (Explain):		

Treatment Provided:

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Disposition (indicate all that apply)

○ Child Examined, Treated, Released	Restrictions: Yes ____ No ____
○ Child Examined by Doctor/Nurse	
○ Admitted to Infirmary for Continued Observation	If yes, explain:
○ Referred to ER – Admitted	
○ Referred to ER – Returned	______________________
○ Referred for X-Ray	______________________
○ Referred to Dentist	______________________
○ Referred for Consultation	______________________
○ Other (Explain):	______________________

Follow up needed:

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Photograph Taken: Yes ____ No ____

Assessment Completed By:	Title:	Date:

Debriefing Notes:

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Dean of Students/Designee Signature ______________________ Date: __________

2/06/2015