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 References:

## Restraint Use, 3.1083

### PURPOSE:

Hendrick Medical Center will establish minimum standards for the care of patients requiring restraint use at Hendrick Medical Center.

### DEFINITIONS:

#### Restraint:

- a. any manual method physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely or,
- b. a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not standard treatment or dosage for the patient's condition.

**Non-Psychiatric Restraint** is restraint used for non-behavioral health care reasons (see Behavior Health Restraint) below. It is used to assist with the provision of medical or surgical care, including symptoms of withdrawal. NOTE: If the main goal is to maintain medical treatment such as ET tube, IVs, or other lines, this type of restraint should be used.

**Behavioral Health (Psychiatric) Restraint** is the restriction of patient movement in response to severely aggressive, destructive, violent or suicidal behaviors that place the patient or others in imminent danger. Behavioral Health Restraint rules may apply to restraint use regardless of the setting (unit or department) in which it is applied. NOTE: This type of restraint is usually limited to patients with a primary psychiatric diagnosis such as Bi-Polar disorder, Schizophrenia, Manic Depressive or Psychotic Episode disorder.

#### Exclusions:

- orthopedically prescribed devices,
- surgical dressings or bandages,
- protective helmets, or
- other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests,
- a device to protect the patient from falling out of bed\*,
- a device to permit the patient to participate in activities without the risk of physical harm (this does not include physical escort)
- finger control mitts that do not restrict movement of the arms and are used as a safety device

\*Guidelines for side rail use: Side rails are NOT generally considered a restraint IF the patient is able to raise/lower on their own. However, IF full length side rails are in use and the patient can NOT raise/lower them by themselves, for any reason, the rails may meet the definition of a restraint. The unit/department supervisor or designee should be consulted to ensure proper use of side rails. If side rails are used to prevent falls, they are not considered restraints, as long as they are documented as such.

**ALTERNATIVES TO RESTRAINT** include, but are not limited to:

- cover device
- decreasing stimulation in environment
- diversional activity
- frequent observation
- moving to room close to desk
- medication for pain/anxiety
- use of sitter/family
- wrap device
- other methods – distraction, moving equipment, etc., as appropriate

## **GENERAL RULES:**

**(APPLICABLE TO NON-PSYCHIATRIC AND BEHAVIORAL HEALTH RESTRAINT)**

1. Use of restraint will occur only if it is:
  - a. medically necessary to promote healing,
  - b. required to ensure the immediate physical safety of the patient, a staff member and/or others,
  - c. when less restrictive interventions have been determined to be ineffective to protect the patient, a staff member and/or others from harm, and
  - d. will be discontinued at the earliest possible time.
2. Least restrictive means:
  - a. restraint shall not be used when less restrictive interventions would be effective
  - b. when restraint is indicated, least restrictive methods of restraint shall be chosen
3. Patient's dignity, rights and well-being are protected at all times.
4. Discontinuation of Restraint: Restraint shall be discontinued when the registered nurse or physician assesses that the behavior or condition that was the basis for the restraint order is resolved, regardless of the duration of the enabling order.
5. Restraints shall only be applied and removed by hospital personnel with demonstrated competence in the application and removal of the type of restraint being used.
6. Efforts shall be made to discuss the issue of restraint, when practical, with the patient and the family around the time of use. Inclusion of the family or others in these discussions is governed by overriding policies related to patient privacy and confidentiality
7. The patient's care plan will be modified to address restraint.
8. Death Reporting and Documentation
  - a. Deaths will be reported as outlined in the CMS or other applicable regulation.
  - b. Reporting documentation will be in accordance with CMS or other applicable regulation.

# INDICATIONS

1. Restraints may be initiated only when:
  - a. less-restrictive alternatives have been attempted or otherwise determined to be ineffective or inappropriate;
  - b. deemed appropriate in the clinical conditions, medical-surgical therapies, life-support therapies and devices such as the following. These are examples, not an all-inclusive list:
    - i. to maintain airway support, ventilation and oxygenation;
    - ii. to maintain surgical site integrity;
    - iii. decreased ability to follow verbal direction.
    - iv. to protect an endotracheal tube;
    - v. to protect a tracheostomy tube if patient dependent on mechanical ventilation arterial lines / femoral sheaths;

# PHYSICIAN RESPONSIBILITIES

1. Restraint shall be ordered by a Licensed Independent Practitioner and used only when clinically indicated. PRN restraint orders are not accepted.
2. If the attending or responsible physician is unavailable, a registered nurse may initiate restraint in advance of a physician's order.
3. As soon as possible after meeting the immediate safety needs of the patient, the attending or responsible physician will be contacted for an order.
4. The attending or responsible physician shall perform a face-to-face assessment of the patient within 24 hours of the initiation of the restraint, at which time he or she shall either discontinue or, if giving an individual order, writes an order for continuation of the restraint. (For patients on protocol, a new order is not needed.)
5. The attending or responsible physician shall perform an in-person assessment of the restrained patient at least once every calendar day.
6. The physician may order initiation of the Non-Psychiatric Restraint Protocol. Use of this Restraint Protocol does not require a daily order.

# PATIENT MONITORING AND DOCUMENTATION:

1. A RN must assess the patient prior to restraint application.
2. A licensed nurse reassesses the patient on an ongoing basis. The assessment/reassessments includes clinical justification, type of restraint to apply, alternative measures implemented prior to decision to restraint, education to patient and/or family regarding restraints, including clinical justification and patient rights as well as address the physical and psychological well-being of the patient.
3. A licensed nurse must document each shift the following:
  - a. Type and location of restraint device(s)

- b. Necessity of continued restraint
  - c. If less restrictive methods are appropriate
  - d. Care plan updated as indicated
  - e. A written physician order has been obtained every calendar day unless protocol is in place
  - f. Restraints have been released and reapplied every two hours
  - g. Food and fluid have been offered every two hours
  - h. Toileting has been offered every two hours
  - i. Range of Motion or freedom of movement has been provided every two hours
4. Prior to release/discontinuation of restraints, the RN must document the patient meets criteria.
  5. All nursing documentation will be completed in Apollo. When the computer is down and the downtime procedures are in place, the appropriate downtime form(s) are utilized.

## RELEASE AND REAPPLICATION

1. Criteria for release/discontinuation includes:
  - a. Calm
  - b. Quiet
  - c. Follows instructions
  - d. Absence of impulsive behavior
  - e. Alert
  - f. Removal of E-T Tube/drains/dressings, etc.
  - g. Alternative not previously available becomes available (example: family)
2. Based on RN assessment, the patient will be released when release/discontinuation criteria met. Time and Date of actual release (not just that criteria have been met) must be documented.
3. Should alternative or less restrictive interventions become ineffective or not applicable, restraint may be reapplied as long as the enabling restraint order or order for protocol remains in effect.
4. A new order to initiate the protocol will be obtained if restraint use is reinstated after a documented discontinuation.

## Additional Rules for BEHAVIORAL HEALTH RESTRAINT

1. REQUIREMENTS FOR ALL SETTING
  - a. INITIATION OF RESTRAINT: An RN may initiate restraint in advance of a physician order.
    - i. As soon as possible after the initiation of restraint or seclusion, the registered nurse shall consult with a responsible physician about the patient's physical and psychological status and obtain an order (verbal or written).
    - ii. The initial and all subsequent restraint orders shall expire in:
      - 1-hour or less for patients 8 years of age or younger,

- 2-hours for patients from 9 to 17 years, and
  - 4-hours for patients 18 years of age and older
- b. **One-hour face-to-face assessment:** The physician or an appropriately trained registered nurse or physician's assistant shall perform a face-to-face assessment of the patient's physical and psychological status within one (1) hour of the initiation of the restraint.
- c. **Ongoing face-to-face assessment:** A responsible physician shall conduct an in-person reevaluation at least every
- i. 8 hours for patients 18 years of age or older and
  - ii. 4 hours for patients 17 years of age or younger
- d. **Continuous in-person observation:**
- i. Monitoring of patients in restraint is accomplished through continuous in-person observation by a competent staff member.
  - ii. If a staff member is physically holding the patient as the method of restraint, a second staff person shall be assigned to observe the patient.
- e. **Monitoring:**
- i. A competent staff member shall assess the patient at the initiation of restraint and every 15 minutes thereafter.
  - ii. The assessment shall include the following unless it is inappropriate for the type of restraint employed:
    - Signs of any injury associated with applying restraint or seclusion
    - Nutrition and hydration
    - Circulation and range of motion in the extremities
    - Vital signs
    - Hygiene and elimination
    - Physical and psychological status and comfort
    - Readiness for discontinuation of restraint or seclusion

## **TRAINING OF STAFF INCLUDING MEDICAL STAFF FOR NON-PSYCHIATRIC AND BEHAVIORAL RESTRAINT USE:**

The hospital and medical staff members shall receive training in the following subjects as it relates to duties performed under this policy. Such training shall take place before the new staff member is asked to implement the provisions of this policy and shall be repeated periodically as indicated in the department/unit training plan, which shall be based on the results of quality monitoring activities.

1. **Physicians who order restraint** shall have a working knowledge of the requirements of this policy as demonstrated through ongoing compliance.
2. **Hospital staff members who assess patients for restraint or who apply restraint** shall receive training in the following:

- a. Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint.
  - b. The use of nonphysical intervention skills.
  - c. Choosing the least restrictive intervention based on an individualized assessment of the patient's medical or behavioral status or condition.
  - d. The safe application and use of all types of restraint or seclusion used by the staff member, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia).
  - e. Clinical identification of specific behavioral changes that indicate that restraint is no longer necessary.
  - f. Monitoring the physical and psychological well-being of the patient who is restrained, including but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the one-hour face-to-face evaluation.
  - g. The use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification.
3. Hospital staff will receive training on the restraint policy and application of restraints at new employee orientation, licensed nurse orientation, and as part of the ongoing reeducation and clinical staff competency assessments.
  4. Documentation of staff training and demonstration of competency will be placed in the employee's unit personnel file.

**Attachments:**

No Attachments

**Applicability**

Hendrick Medical Center