

Palms West Hospital Updates in Restraint Policy

Prepared by HCA & PWH Education

January, 2010

Revised May, 2011

Previous	Current
<p><u>Nomenclature:</u></p> <ul style="list-style-type: none"> •Medical/Surgical Restraint •Behavioral/Seclusion Restraint (Restraint in behavioral healthcare setting is absorbed into Violent/Self-Destructive Behavior) 	<ul style="list-style-type: none"> •Non-violent or non-self destructive behavior •Violent/Self-Destructive Behavior
<p><u>Restraint Order:</u></p> <ul style="list-style-type: none"> • Behavioral restraints could only be renewed every 4 hours for up to 8 hours 	<ul style="list-style-type: none"> • Violent/Self-Destructive behavior orders can be renewed every 4 hours for up to 24 hours
<p><u>Patient Monitoring:</u></p> <ul style="list-style-type: none"> • Behavioral restraints monitoring required every 15 minutes 	<ul style="list-style-type: none"> • Behavioral restraints monitoring required every 15 minutes •In addition, monitoring based on patient's cognitive status and interventions used

Assessment for Risk for Restraint

- The RN performs an assessment for risk for restraints including:
 - Does the patient have a medical device?
 - Does the patient understand the need not to remove the device?
 - Is the patient required to be immobile?
 - Does the patient understand the need to remain immobile?
 - Is the patient recovering from the effects of anesthesia?
 - Did the patient arrive in restraint?

Alternatives to Restraint

- Psychosocial
 - Diversion, Pastoral visit, family interaction
- Environmental
 - Music / TV, bed alarm in use, night light
- Physiological
 - Toileting, pain intervention, fluids/nutrition/snack

Alternatives to Restraint Fail

- RN determines that alternatives to restraint have failed and that the patient will be safer in restraints than continuing without restraints
- A second tier of review is required by a member of nursing administration / management
 - In an emergency application of restraint, the second tier review is done immediately after the application of restraint

Order for Restraint

- Must be obtained from an LIP / Physician who is responsible for the care of the patient prior to the application of restraint. The order must:
 - Specify clinical justification for the restraint
 - The date and time ordered
 - The duration of use
 - The type of restraint to be used
 - Behavior-based criteria for release

Non-Violent or Non-Self Destructive Behavior

- Duration of order for restraint must not exceed twenty-four (24) hours
 - Twenty-four (24) hours is the MAXIMUM duration
 - Physician may order a shorter period of time
 - Staff assesses, monitors, and re-evaluates the patient regularly and releases the patient from restraint when criteria is met
- If reassessment by LIP/Physician indicates an ongoing need for restraint, a new order must be written each calendar day by the LIP/Physician

Violent or Self Destructive Behavior

- Physician orders for restraint must:
 - Be time limited
 - Specify clinical justification for restraint/seclusion
 - Include the date and time ordered
 - Define the duration of restraint/seclusion use
 - Define the type of restraint
 - Define behavior-based criteria for release
- Orders for restraint / seclusion must not exceed 4 hours for adults.

Application of Restraints

- Restraints are applied by staff with demonstrated competence in restraint application.
- The patient is informed of the purpose of the restraint and the criteria for restraint removal.
- The patient's family is informed of restraint use, the purpose of the restraint and the criteria for removal

Face-to-Face Assessment of a Patient in Restraint for Violent or Self Destructive Behavior

- Must be done by a Physician / LIP, RN or Physician Assistant with demonstrated competence within one hour of initiation of restraint / seclusion or administration of medication to manage violent or self-destructive behavior
****A telephone call or telemedicine methodology does not constitute a face-to-face assessment**
- At the time of the face-to-face assessment, the Physician / LIP / RN / Physician Assistant will:
 - Work with staff and patient to identify ways to help the patient regain control
 - Evaluate the patient's immediate situation, medical and behavioral condition
 - Evaluate the patient's reaction to the intervention
 - Evaluate the need to continue or terminate the restraint or seclusion
 - Revise the plan of care, treatment and services as needed

Discontinuation of Restraint / Seclusion

- Once restraints are discontinued, a new order for restraint is required to reapply restraints.
- A temporary release that occurs during patient care, e.g. toileting, feeding or range of motion, is not considered a discontinuation of restraint / seclusion

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Documentation Sequence

Alternatives Utilized,
2nd Tier Review



Restraint Order



Application of
Restrains

Restraint Devices

Restraint Devices	
1	Soft
2	Mitten
3	Waist
4	Bed Rails
5	Freedom splints
6	Geri-chair
7	Tightly tucked sheets
8	Enclosure bed
9	Restrictive Positioning
10	Medication
11	Physical holding
12	Body Net
13	Hard
14	Leather
15	Seclusion

Restraint Order

- A restraint order is needed for each episode of restraints
- Type of Restraint -
 - Non-Violent
 - Violent/SD (Self Destructive)

VIOLENT OR SELF DESTRUCTIVE BEHAVIOR

I. CLINICAL JUSTIFICATION		
The following must be present when restraints/seclusion are used for behavior management: ⁶¹⁵⁶		
A. They are used only as an emergency measure, <u>and</u>		
B. They are reserved for occasions when severely aggressive, combative or destructive behavior places the patient, staff or others in imminent danger, <u>and</u>		
C. The least restrictive measure that will assure the patient's or other's safety is restraint or seclusion		
II. RESTRAINT DEVICE		
<input type="checkbox"/> Soft <input type="checkbox"/> Mittens <input type="checkbox"/> Leather <input type="checkbox"/> Other: _____		
III. TIME LIMIT (Restraints MAY NOT EXCEED)		
4 hours for 18 years old and above		
2 hours for 9-17 years old		
1 hour for children less than 9 years of age		
Other: _____		
(specifically if the order is for shorter period of time)		
Start Time: _____ End Time: _____		
IV. BEHAVIOR BASED CRITERIA FOR RELEASE		
• The patient no longer exhibits threatening behavior or danger to self or others		
V. PHYSICIAN SIGNATURE		
Initial Order: If Physician is NOT present to initiate order, face-to-face assessment required within <u>one hour</u> of application at which time telephone order (TO) obtained by RN is to be co-signed. Every restraint episode requires a new physician order.		
Registered Nurse Signature: _____	Date: _____	Time: _____
Physician Signature: _____	Date: _____	Time: _____
VI. CONTINUED USE OF RESTRAINTS		
After the original order for restraints expires, an RN assesses the patient and obtains a renewal order. Renewal orders may not exceed the limits stated below for a maximum of 24 consecutive hours. Every 24 hours a physician must evaluate the patient before writing a new order for restraints.		
4 hours for 18 years old and above		
2 hours for 9-17 years old		
1 hour for children less than 9 years of age		
Other: _____		
(specifically if the order is for shorter period of time)		
Physician Signature: _____	Date: _____	Time: _____
Physician Signature: _____	Date: _____	Time: _____
Physician Signature: _____	Date: _____	Time: _____
Physician Signature: _____	Date: _____	Time: _____
Physician Signature: _____	Date: _____	Time: _____

Restraint as needed orders must not be given or accepted.
 All telephone orders must be read back and verified.

- I. The Joint Commission Hospital Accreditation Standards. Revised 2009 Accreditation Requirements, March 26, 2009. PC.03.05.01 - PC.03.05.19.
- II. Centers for Medicare and Medicaid Services Hospital Conditions of Participation and Interpretive Guidelines. §482.13(e) - §482.13(g).
- III. HCA Best Practice.



VIOLENT OR SELF DESTRUCTIVE BEHAVIOR

800-02PWH (Rev. 11/09)

Patient Identification

NON-VIOLENT OR NON-SELF DESTRUCTIVE BEHAVIOR

I. CLINICAL JUSTIFICATION Check only one of the following: <input type="checkbox"/> Attempts to remove device <input type="checkbox"/> Specify, if other <input type="checkbox"/> Handling wounds/dressings <input type="checkbox"/> Not following instruction <input type="checkbox"/> Attempts mobility
II. RESTRAINT DEVICE <input type="checkbox"/> Soft <input type="checkbox"/> Mittens <input type="checkbox"/> Leather <input type="checkbox"/> Other: _____
III. TIME LIMIT Time limit not to exceed 24 hours Start Time: _____ End Time: _____
IV. BEHAVIOR BASED CRITERIA FOR RELEASE <input type="checkbox"/> Medical device discontinued OR no interference with medical device <input type="checkbox"/> Medical Condition no longer warrants the need for restraint
V. PHYSICIAN SIGNATURE In emergency application situations, a telephone order (TO) must be obtained immediately (without time interval) after the restraint has been applied. A written order must be co-signed by a physician within 24 hours. Every restraint episode requires a new physician order. Registered Nurse Signature: _____ Date: _____ Time: _____ Physician Signature: _____ Date: _____ Time: _____

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NON-VIOLENT OR NON-SELF DESTRUCTIVE BEHAVIOR

600-01PWH (Rev. 11/09)

Patient Identification

Date: _____

Restraint Device: _____

7A-7P	INITIAL	TITLE	7A-7P	INITIAL	TITLE	7P-7A	INITIAL	TITLE	7P-7A	INITIAL	TITLE
0715			1345			1915			0145		
0730			1400			1930			0200		
0745			1415			1945			0215		
0800			1430			2000			0230		
0815			1445			2015			0245		
0830			1500			2030			0300		
0845			1515			2045			0315		
0900			1530			2100			0330		
0915			1545			2115			0345		
0930			1600			2130			0400		
0945			1615			2145			0415		
1000			1630			2200			0430		
1015			1645			2215			0445		
1030			1700			2230			0500		
1045			1715			2245			0515		
1100			1730			2300			0530		
1115			1745			2315			0545		
1130			1800			2330			0600		
1145			1815			2345			0615		
1200			1830			0000			0630		
1215			1845			0015			0645		
1230			1900			0030			0700		
1245						0045					
1300						0100					
1315						0115					
1330						0130					
SIGNATURE			INITIALS			SIGNATURE			INITIALS		

Every 15 Minutes - Patient Safety, Rights, and Dignity include but are not Limited to:

- Maintain a clean and safe environment
- Respect the patient as an individual
- Restraints applied correctly
- Protect the patient from harm or harassment by others
- Maintain the patient's privacy, prevent visibility by others

Every 2 hours, Registered Nurse Assessment completed in Meditech and validation of every 15 minute checks

This Restraint Flow Sheet is a Permanent Part of the Medical Record



RESTRAINT MONITOR FOR USE OF RESTRAINT
 ROUNDS INCLUDE: SAFETY, RIGHTS, AND DIGNITY
 800-001PMH (Rev. 01/10)

Patient Identification

WHITE - CHART

CANARY - COPY



Thank You!