Palms West Hospital
Updates in Restraint Policy

Prepared by HCA & PWH Education
January, 2010
Revised May, 2011
<table>
<thead>
<tr>
<th><strong>Previous</strong></th>
<th><strong>Current</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nomenclature:</strong></td>
<td></td>
</tr>
<tr>
<td>• Medical/Surgical Restraint</td>
<td>• Non-violent or non-self destructive behavior</td>
</tr>
<tr>
<td>• Behavioral/Seclusion Restraint</td>
<td>• Violent/Self-Destructive Behavior</td>
</tr>
<tr>
<td>(Restraint in behavioral healthcare setting is absorbed into Violent/Self-Destructive Behavior)</td>
<td></td>
</tr>
<tr>
<td><strong>Restraint Order:</strong></td>
<td></td>
</tr>
<tr>
<td>• Behavioral restraints could only be renewed every 4 hours for up to 8 hours</td>
<td>• Violent/Self-Destructive behavior orders can be renewed every 4 hours for up to 24 hours</td>
</tr>
<tr>
<td><strong>Patient Monitoring:</strong></td>
<td></td>
</tr>
<tr>
<td>• Behavioral restraints monitoring required every 15 minutes</td>
<td>• Behavioral restraints monitoring required every 15 minutes</td>
</tr>
<tr>
<td></td>
<td>• In addition, monitoring based on patient’s cognitive status and interventions used</td>
</tr>
</tbody>
</table>
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.
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.
Documentation Sequence

Alternatives Utilized, 2nd Tier Review

Restraint Order

Application of Restraints
## Restraint Devices

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Soft</td>
</tr>
<tr>
<td>2</td>
<td>Mitten</td>
</tr>
<tr>
<td>3</td>
<td>Waist</td>
</tr>
<tr>
<td>4</td>
<td>Bed Rails</td>
</tr>
<tr>
<td>5</td>
<td>Freedom splints</td>
</tr>
<tr>
<td>6</td>
<td>Geri-chair</td>
</tr>
<tr>
<td>7</td>
<td>Tightly tucked sheets</td>
</tr>
<tr>
<td>8</td>
<td>Enclosure bed</td>
</tr>
<tr>
<td>9</td>
<td>Restrictive Positioning</td>
</tr>
<tr>
<td>10</td>
<td>Medication</td>
</tr>
<tr>
<td>11</td>
<td>Physical holding</td>
</tr>
<tr>
<td>12</td>
<td>Body Net</td>
</tr>
<tr>
<td>13</td>
<td>Hard</td>
</tr>
<tr>
<td>14</td>
<td>Leather</td>
</tr>
<tr>
<td>15</td>
<td>Seclusion</td>
</tr>
</tbody>
</table>
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

## CLINICAL JUSTIFICATION
The following must be present when restraints/seclusion are used for behavior management:
A. They are used only as an emergency measure, and
B. They are reserved for occasions when severely aggressive, combative or destructive behavior places the patient, staff or others in imminent danger, and
C. The least restrictive measure that will assure the patient’s or other’s safety is restraint or seclusion

## RESTRAINT DEVICE
- Soft
- Mittens
- Leather
- Other:

## 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:

## BEHAVIOR BASED CRITERIA FOR RELEASE
* The patient no longer exhibits threatening behavior or danger to self or others

## PHYSICIAN SIGNATURE
Initial Order: If Physician is NOT present to initiate order face-to-face assessment required within one hour 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: ____________

## 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: ____________

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.
NON-VIOLENT OR NON-SELF DESTRUCTIVE BEHAVIOR

I. CLINICAL JUSTIFICATION
Check only one of the following:
- ☐ Attempts to remove device
- ☐ Specify, if other
- ☐ Handling wounds/dressings
- ☐ Not following instruction
- ☐ Attempts mobility

II. RESTRAINT DEVICE
- ☐ Soft
- ☐ Mittens
- ☐ Leather
- ☐ Other: ________________

III. TIME LIMIT
Time limit not to exceed 24 hours
Start Time: ________________  End Time: ________________

IV. BEHAVIOR BASED CRITERIA FOR RELEASE
- ☐ Medical device discontinued OR no interference with medical device
- ☐ 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: ______________________  Dato: __________  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 2000
   Accreditation Requirements, March 20, 2009, PC.03.05.01 - PC.03.05.19
II. Centers for Medicare and Medicaid Services Hospital Conditions of Participation and Interpretive Guidelines, §482.19(a) - §482.19(g)
III. HCA Best Practice.
<table>
<thead>
<tr>
<th>Date:</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Restraint Device:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7A-7P INITIAL</td>
<td>7A-7P TITLE</td>
<td>7P-7A INITIAL</td>
<td>7P-7A TITLE</td>
<td>7P-7A INITIAL</td>
<td>7P-7A TITLE</td>
<td>7P-7A INITIAL</td>
</tr>
<tr>
<td>0715</td>
<td>1345</td>
<td>1915</td>
<td>0145</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0730</td>
<td>1400</td>
<td>1930</td>
<td>0200</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0745</td>
<td>1415</td>
<td>1945</td>
<td>0215</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0800</td>
<td>1430</td>
<td>2000</td>
<td>0230</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0815</td>
<td>1445</td>
<td>2015</td>
<td>0245</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0830</td>
<td>1500</td>
<td>2030</td>
<td>0300</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0845</td>
<td>1515</td>
<td>2045</td>
<td>0315</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0900</td>
<td>1530</td>
<td>2100</td>
<td>0330</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0915</td>
<td>1545</td>
<td>2115</td>
<td>0345</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0930</td>
<td>1600</td>
<td>2130</td>
<td>0400</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0945</td>
<td>1615</td>
<td>2145</td>
<td>0415</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1000</td>
<td>1630</td>
<td>2200</td>
<td>0430</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1015</td>
<td>1645</td>
<td>2215</td>
<td>0445</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1030</td>
<td>1700</td>
<td>2230</td>
<td>0500</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1045</td>
<td>1715</td>
<td>2245</td>
<td>0515</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1100</td>
<td>1730</td>
<td>2300</td>
<td>0530</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1115</td>
<td>1745</td>
<td>2315</td>
<td>0545</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1130</td>
<td>1800</td>
<td>2330</td>
<td>0560</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1145</td>
<td>1815</td>
<td>2345</td>
<td>0565</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1200</td>
<td>1830</td>
<td>0000</td>
<td>0630</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1215</td>
<td>1845</td>
<td>0015</td>
<td>0645</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1230</td>
<td>1900</td>
<td>0030</td>
<td>0700</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1245</td>
<td>0045</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1300</td>
<td>0100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1315</td>
<td>0115</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1330</td>
<td>0130</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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
- Restraint 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.
Thank You!