

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

# 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,  
2<sup>nd</sup> 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

|   |             |             |
|---|-------------|-------------|
| <b>I. CLINICAL JUSTIFICATION</b>  |             |             |
| The following must be present when restraints/seclusion are used for behavior management: <sup>6156</sup>   |             |             |
| 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   |             |             |
| <b>II. RESTRAINT DEVICE</b>   |             |             |
| <input type="checkbox"/> Soft <input type="checkbox"/> Mittens<br><input type="checkbox"/> Leather <input type="checkbox"/> Other: _____  |             |             |
| <b>III. TIME LIMIT (Restraints MAY NOT EXCEED)</b>  |             |             |
| 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: _____   |             |             |
| <b>IV. BEHAVIOR BASED CRITERIA FOR RELEASE</b>  |             |             |
| • The patient no longer exhibits threatening behavior or danger to self or others   |             |             |
| <b>V. PHYSICIAN SIGNATURE</b>   |             |             |
| Initial Order: If Physician is <b>NOT</b> present to initiate order, face-to-face assessment required within <b>one hour</b> 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: _____ |
| <b>VI. CONTINUED USE OF RESTRAINTS</b>  |             |             |
| 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

|  |
|--|
| <b>I. CLINICAL JUSTIFICATION</b><br>Check only one of the following:<br><input type="checkbox"/> Attempts to remove device <input type="checkbox"/> Specify, if other<br><input type="checkbox"/> Handling wounds/dressings<br><input type="checkbox"/> Not following instruction<br><input type="checkbox"/> Attempts mobility  |
| <b>II. RESTRAINT DEVICE</b><br><input type="checkbox"/> Soft<br><input type="checkbox"/> Mittens<br><input type="checkbox"/> Leather<br><input type="checkbox"/> Other: _____  |
| <b>III. TIME LIMIT</b><br>Time limit not to exceed 24 hours<br>Start Time: _____ End Time: _____   |
| <b>IV. BEHAVIOR BASED CRITERIA FOR RELEASE</b><br><input type="checkbox"/> Medical device discontinued OR no interference with medical device<br><input type="checkbox"/> Medical Condition no longer warrants the need for restraint  |
| <b>V. PHYSICIAN SIGNATURE</b><br>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.<br><br>Registered Nurse Signature: _____ Date: _____ Time: _____<br><br>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

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!**