

Patient Rights

- All Patients have the right to be free from restraint or seclusion, of any form, imposed as a means of:
 - Coercion
 - Discipline
 - Convenience
 - Retaliation by staff

Patient Rights

- Restraint or seclusion may only be imposed to insure the immediate physical safety of the patient, staff, or others and must be discontinued at the earliest possible time

Never Acceptable

- Restraint or seclusion may NEVER be imposed, in any form, as a means of coercion, discipline, retaliation, or for convenience
- It is illegal, patient rights are violated

Definitions

- **Discipline** is defined as any action taken by the facility for the purpose of punishing or penalizing a patient.
- **Convenience** is defined as any action taken by the facility to control patient behavior or maintain patients with a lesser amount of effort by the facility and not in the patients' best interest. Restraints may not be used for staff convenience.

Acceptable

Restraint or seclusion

- can only be imposed in an emergency when there is imminent risk to patient physical safety, or the staff and others when less restrictive measures are ineffective
- Must be discontinued at the earliest possible time
- Less restrictive intervention determined to be ineffective must have been tried first

Acceptable

- only upon the written order of a physician that specifies the duration and circumstances under which the restraints are to be used (except in emergency circumstances as specified by the RN until such an order could reasonably be obtained)

What is a RESTRAINT

- 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.
- A drug or medication – used to control behavior or to restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychological condition.

Types of Restraint Indications

- Behavioral
- Non-Behavioral (medical-surgical)

Non-Behavioral Restraint

- The use of “Non-behavioral” health purposes is restraint that is used for acute medical and surgical care that directly supports medical healing.

Behavioral Restraints/Seclusion

- Restraint for behavioral health purposes is used primarily to protect the patient against injury to self or others because of an emotional or behavioral disorder.

Medical –Surgical Indications

Non-Behavioral

- Patient has a trach or Endotracheal tube and lacks the decision-making capacity to understand the risks, benefits and alternative treatments for which the trach or ET tube has been placed.
- The lack of decision-making capacity can be expressed as confusion, delirium, marked agitation, or combativeness which involves the patient grabbing, pulling or in any way trying to dislodge the trach or ET tube.



*“Every restraint I’ve reviewed,
started with a staff member
enforcing a rule.”*

ORDERS

- Only an LIP can order restraint/seclusion
- An RN can initiate restraint/seclusion if necessary
 - Must notify LIP immediately
 - Must obtain an order within ONE hour of initiation
 - LIP must face-to-face patient in ONE hour of restraint initiation
- The attending physician must be consulted as soon as possible if the attending physician did not order the restraint or seclusion.
- NO PRN or Standing orders allowed

ORDERS

MED-SURG

- Renewed every calendar day
- Face-to-face every calendar day

BEHAVIOR

- Renewed every 4hrs (18yrs+)
- Renewed every 2hrs (9-17yrs)
- Face-to face with each renewal

Plan of Care

- Restraint and seclusion use must be in accordance with a written modification to patient's plan of care.
- Documentation in patient's medical record must include the following:
 - 1-hour face-to-face medical and behavioral evaluation if restraint or seclusion is used to manage violent or self-destructive behavior;
 - a description of the patient's behavior and the intervention used;
 - alternatives or other less restrictive interventions attempted (as applicable);
 - the patient's condition or symptom(s) that warranted the use of the restraint or seclusion; and
 - the patient's response to the intervention(s) used, including the rationale for the continued use of the intervention.
 - Discontinuation criteria/goals

MONITORING

MED-SURG

- Face-to-face 1hr of initiation
- Every 2hrs minimum evaluations

BEHAVIORAL

- Face-to-face 1hr of initiation
- Every 15min minimum evaluations
- Continuous one-on-one observation face-to-face

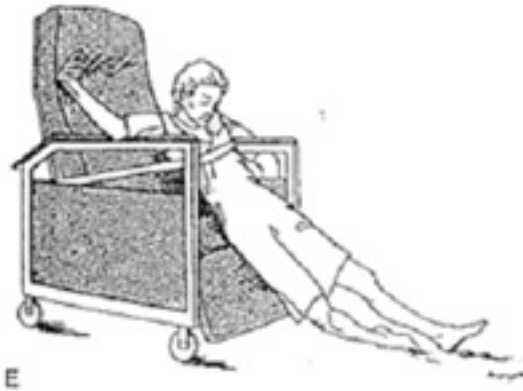
Monitoring - assessments

- Hygiene
- Nutrition and hydration
- Elimination
- Comfort
- Physical status
- Vital signs
- Psychological status – orientation, mood, behavior
- Readiness for release/discontinuation

Monitoring - assessments

- Need for range of motion (assess/offer every 15min), minimum performed every 2hrs unless sleep takes over.
- Safe application of restraints (every 15min.)
- Neurocirculatory checks (ever 15min.)

Need for monitoring



Need for monitoring

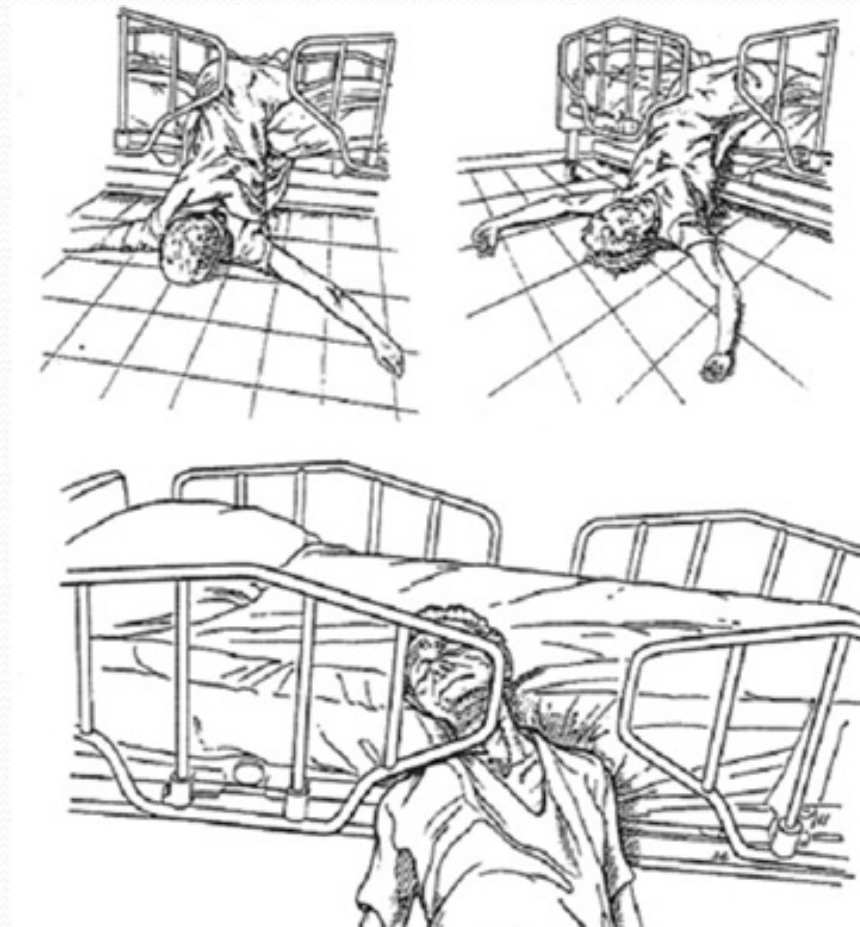


Figure 1. Asphyxiated patient (scanned photograph).

Need for monitoring



Need for monitoring



Discontinuation

- Restraint or seclusion may only be employed while the unsafe situation continues. Once the unsafe situation ends, the use of restraint or seclusion must be discontinued, regardless of the length of time identified in the order

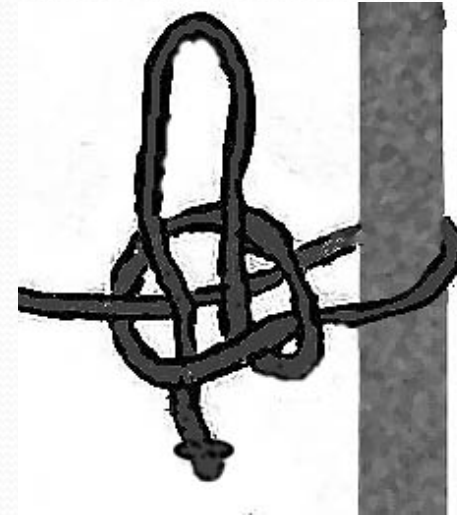
Discontinuation criteria

- Safety contract
- No harm to others contract
- No harm to self contract
- Demonstrate control of behavior
- Describe coping plan/methods
- Directable
- Non-threatening to others/self
- Verbalizes control of behavior

Don't extremity restraints

- Don't secure wrist restraints to the side rail or mattress.
- Don't tie restraints too tightly because they can impede circulation. Make sure you can slip one or two fingers between the restraint and the patient's skin.
- Don't apply a wrist restraint above an I.V. site because the constriction may impede the infusion or cause fluid to infiltrate into surrounding tissue.

Quick release tie



Quick release tie



Point restraint

- 2 point = one arm, one leg on the opposite sides
= both arms
- 3 point = one arm, both legs
= both arms
- 4 point = all four limbs
- 5 point = all four limbs and vest over torso