

# Restraints

Non-Violent & Non-Self Destructive  
&  
Violent and Self Destructive  
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# Regardless of Type

- ▣ Restraints:
  - Must have a physician's order
  - Must use the least restrictive form of restraints
  - Must add restraints to the plan of care
  - Must be discontinued at the earliest time possible
  - Staff must be trained initially and annually on the use of restraints

# Remember

- Patients have the right to be free from restraints and/or seclusion of any form imposed as a means of coercion, discipline, convenience or retaliation.
- The use of restraints or seclusion is only to protect the immediate physical safety of the patient, staff or others.

# Types of Restraints

- ▣ Non-Violent & Non-Self Destructive
  - Generally used in the Medical Surgical patient population
  - Primary reason for use is to support medical healing. EX: patient pulling out IV lines or tubes
  
- ▣ Violent & Self Destructive
  - Limited use to emergencies
  - Implemented for the management of violent or self destructive behavior of the patient, staff or others

# Initiation of Non-Violent Restraints

- ▣ Requires an order from the licensed independent practitioner (LIP) responsible for the care of the patient
- ▣ Order must be obtained before, during an emergency or immediately after the restraint has been applied
  - Requires an RN to assess the patient, identify significant change to patient, report to LIP at the time of the order. Must be documented in patient medical record.

# Documentation of Nonviolent Restraints

- ▣ Alternatives tried
  - Bed alarm, repositioning, disguise equipment, etc.
- ▣ Clinical Justification
- ▣ Restraint type
  - Soft wrist restraints, 4 side rails, etc.
- ▣ Education
  - Behavior or criteria required to discontinue / patient response
  - Why the patient is being restrained
  - Who was educated

# Monitoring & Documentation During the Use of Restraints

Every 2 hours

- ▣ Mental status
- ▣ Neurological and physical assessments and comfort
- ▣ Education reinforcement
- ▣ Visualization and repositioning of the patient
- ▣ Skin
- ▣ Circulation checks
- ▣ Toileting / Hydration needs
- ▣ ROM to the restrained extremity
- ▣ Attempts to release
- ▣ Alternatives / medications tried or behavior to justify continued restraint use

# Renewal of Restraint Orders

- ▣ The original order expires at midnight on the day following the order
  - A physician must renew the order every calendar day
- ▣ PRN orders are not allowed
- ▣ If the restraints have been discontinued; a new order is needed
- ▣ If the ordering physician is not the attending physician, the attending physician must be notified as soon as possible.



# Behavioral Emergency

- **Behavioral Emergency is defined as:**  
**A situation in which it is immediately necessary for**  
**Restraint or Seclusion of an individual to prevent**
  - **Imminent probable death or substantial bodily harm** to the individual because the individual is attempting to commit suicide or serious bodily harm; or
  - **Imminent physical harm to others** because of acts the individual is committing.

# Seclusion

- ▣ **The definition of seclusion** is involuntary confinement of a patient, alone in a room or area, from which the patient is prevented from leaving.
  - *Note: Seclusion includes when staff physically intervening to prevent the patient from leaving the room as well as giving the patient the perception that threatens the patient with physical intervention if the patient attempts to leave the room, regardless of whether the door is actually locked.*

# Initiation of Behavioral Emergencies / Seclusion: ~~Violent Restraints~~

- ▣ Requires an order from the licensed independent practitioner (LIP) responsible for the care of the patient
- ▣ Requires a face to face assessment by the LIP within one hour of the application of restraints
- ▣ Time limited
  - 4 hours for Adult (18 years or older)
  - 2 hours for Children (ages 9-17)
  - 1 hour for Children (under 9 years of age)
- ▣ Renewal order – must be written before the expiration of the original order. If physician is not present at the time of renewal, the RN may report the results of the most recent assessment and obtain the order.
  - A face to face assessment is required by the physician every calendar day after the original order

# Documentation of Emergency / Seclusion: Violent Restraints

- ▣ Every 15 minutes
  - Assessment and documentation of Behavior, Circulation, & Skin Condition
- ▣ Every 2 hours and PRN
  - Toilet and nutrition / fluid needs
  - ROM and exercise for 10 minutes every 2 hours
  - Evaluation for earliest possible release. Behavior criteria for release may include:
    - Patient's ability to contract for safety
    - Patient oriented to environment
    - Cessation of verbal threats
    - Cessation of violent behavior



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Thank you!

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