

RESTRAINT EDUCATION FOR PROVIDERS

Definitions:

1. Restraint – any method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move their arms, legs, body, or head freely.
 - a. **Violent** – Restriction of patient movement in response to severely aggressive, violent, destructive, self-destructive, or suicidal behaviors that places the patient or others in imminent danger.
 - b. **Seclusion** – involuntary confinement of a patient alone in a room, under continuous observation or area from which the patient is physically prevented from leaving. May only be used for the management of violent or self-destructive behavior. (MRH Behavioral Health is the only department with seclusion room)
 - c. **Non-Violent** – Restraint used to restrict patient's movement as to assist with the provision of medical or surgical care (i.e. preventing the removal of lines/tubes) ***Immobilization that is a normal component of a procedure is not considered restraint*
 - d. **Chemical** – a drug or medication used to manage the patient's behavior or restrict the patient's freedom of movement. It is NOT a standard treatment or dosage for the patient's condition

Restraint and seclusion is considered a LAST resort and only appropriate when the following criteria are met:

- Imminent risk of harm to patients and others
- All appropriate alternatives have been tried and are ineffective
- Use is based on the patient's assessed need – patient demonstrated clinical justification

Risks:

All Restraint types have the following risks: Positional asphyxiation, Confusion, Orthostatic/Postural hypotension, Circulatory compromise, Increased fall risk, Psychological distress r/t restraint, Agitation, Choking, & Dehydration

Best Practice & Regulatory Standards:

1. May ONLY be imposed to ensure the immediate physical safety of the patient or others and must be discontinued at the earliest time
2. Annual completion of Restraint CBL for Providers
3. Prolonged Use – Care conference with provider and primary nurse to assess ongoing need: 72 hours for non-violent orders & 24 hours for violent orders

Documentation Requirements:

1. Non-Violent orders must be reviewed & renewed every calendar day or discontinued – the responsible provider must see and re-evaluate the patient before writing a new order. The evaluation should include:
 - a. Patient's Immediate Situation, Response, Medical & Behavioral Condition, and the need to continue or terminate the restraint
2. Violent orders are time limited. The provider MUST perform a face-to-face evaluation within 1 hour of the order.
 - a. Adults 18 and older – order may not exceed 4 hours
 - b. Children 9-17 – order may not exceed 2 hours
 - c. Children under 9 years of age - order may not exceed 1 hour
3. Chemical Restraint orders are required when a medication is ordered to manage the patient's behavior or restrict their freedom of movement and is not a standard treatment or dosage for the patient's condition
4. Restraints discontinued before the standard expiration, require a new order for re-application