Section Clinical Policies Subject General Procedures **Policy 9.13.6 Initiating and Monitoring Restraints**	02/13/92 -Originated 04/05/12-Reviewed w/ changes -Reviewed w/o changes 07/24/12- Effective Nursing Service -Author

Initiating and Monitoring Restraints

Definitions

Restraints: 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 restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).

The following are also **excluded** from this definition:

1. Devices used for security, detention, or public safety reasons on patients in forensic custody and those devices are not involved in the provision of health care. (*See* IHOP Policy 9.9.1 Security Associated with Offender/Correctional Patients in non-TDCJ Areas);
2. A voluntary mechanical support used to achieve proper body position, balance, or alignment so as to allow greater freedom of mobility than would be possible without mechanical support.
3. A positioning or securing device used to maintain the position, limit mobility or temporarily immobilize during medical, dental, diagnostic, or surgical procedures.
4. The brief physical holding of a patient without undue force, used as part of a behavioral plan for the purpose of providing emotional comfort and/or calming to the patient or physical safety to the client, other clients, staff member(s) or others; and
5. The use of cribs in age or developmentally appropriate individuals, infant snuggling or bundling for developmental purposes and use of side rails in response to medical interventions or physical condition to provide patient safety while not intending to restrict patient from getting out of bed.

Chemical restraints: A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

Definitions (continued)

Non-behavioral restraints: Used when patient interference with medical devices threatens the patient's plan of care, and the use directly supports the medical healing of the patient.

Violent or Self-Destructive (Behavioral) restraints: Used for violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, staff, or others.

Licensed Independent Practitioner (LIP): Any individual permitted by law and UTMB to provide care and services without direction or supervision within the scope of the individual's license and consistent with individually granted clinical privileges.

Qualified Nurse: A registered nurse who has completed the required restraint training and competency assessment.

Policy

The patient protections contained in this policy apply to all hospital patients when the use of restraint becomes necessary, regardless of patient location.

Restraints may only be used in accordance with written modifications to the patient's plan of care. The least restrictive form of restraint that protects the physical safety of the patient, staff, or others should always be used.

Restraints are:

1. Used only to protect the immediate physical safety of the patient, staff, or others;
2. Used only when less restrictive interventions are ineffective;
3. Not used as a means of coercion, discipline, convenience, or staff retaliation; and
4. Discontinued at the earliest possible time, regardless of the scheduled expiration of the order.

Orders

- The LIP primarily responsible for the patient's ongoing care must order the use of a restraint. However, a qualified nurse may apply a restraint in response to an unanticipated event prior to obtaining a physician order. The attending physician must then be consulted as soon as possible, if he/she did not order the restraint or seclusion. Use of standing or

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- PRN orders is prohibited.

Renewal of orders:

- **Violent or Self-Destructive (Behavioral) restraint orders** shall be renewed within the following limits:
  - 4 hours for adults 18 years of age or older;
  - 2 hours for children and adolescents 9 to 17 years of age
  - 1 hour for children under 9 years of age.
- **Non-behavioral restraint orders** remain in effect until the restraints are removed. At that time, the order is considered to be complete/discontinued, and a new order must be obtained if it becomes necessary to re-apply the restraints.

Assessment and removal:

All restraints: The need for restraints shall be frequently evaluated and the restraints shall be removed and discontinued at the earliest possible time based on a reassessment of the patient's condition.
A qualified nurse may discontinue restraints when the criteria for release are met.

Violent or Self-Destructive (Behavioral) restraints: a physician, or other LIP responsible for the care of the patient must evaluate the patient in-person within one hour of the initiation of behavioral restraints.

The in-person evaluation must include the following:

1. An evaluation of the patient's immediate situation;
2. The patient's reaction to the restraints;
3. The patient's medical and behavioral condition; and
4. The need to continue or terminate the restraints.

Violent or Self-Destructive (Behavioral) restraint orders may be renewed according to the time limits for a maximum of 24 consecutive hours.

Every 24 hours, a physician or other authorized LIP primarily responsible for the patient's ongoing care sees and evaluates the patient before writing a new order for behavioral restraint.

Training Requirements

1. LIPs ordering restraints are required to have knowledge of UTMB restraint policy.
2. A registered nurse initiating restraints must complete the UTMB restraint training offered during orientation and maintain annual competency in restraints practice thereafter.
3. Clinical support staff involved in the application of restraints and the care/monitoring of patients in restraints must complete the UTMB restraint training offered during orientation and maintain annual competency in restraints practice annually thereafter.

Monitoring and Care

Monitoring of patients in restraints will be performed by a staff member who has completed the required restraint training and competency assessment.

Observation will be according to the following standards:

1. **Violent or Self-Destructive (Behavioral) Restraint Standard:** Patients must have continuous in-person observation.
2. **Non-Behavioral Restraint Standard**: Patients will be observed frequently. Monitoring and care must be documented in the patient's record at least every two (2) hours or more often based on the patient's assessment.
3. Patients transported off a unit must be assessed for needs by a qualified nurse and accompanied by an individual qualified to provide monitoring and care identified in the assessment.
4. Patients restrained with a lap or waist belt must have continuous observation.
5. Care is provided based on the assessed needs of the patient. Care will include:
   - Offering liquids and nutrition
   - Comfort measures
   - Toileting
     Temporary release that occurs for the purpose of caring for a patient's needs (for example, toileting, feeding, and range of motion)
   - Other interventions as indicated by assessment findings.

Documentation

The use of restraints must be documented in the medical record, and must include the following information (if applicable):

1. In-person medical and behavioral evaluations;
2. A description of the patient's behavior;
3. Any alternatives or other less restrictive interventions attempted;

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4. Condition or symptom(s) that warranted the use of the restraint;
5. The patient's response to the intervention(s) used, including the rationale for continued use of the restraints;
6. Individual patient assessments and reassessments;
7. The intervals for monitoring;
8. Revisions to the plan of care;
9. The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint;
10. Injuries to the patient;
11. Death associated with the use of restraint;
12. The identity of the physician, clinical psychologist, or other LIP who ordered the restraint;
13. Orders for restraint or seclusion; and
14. Notification of the use of restraint or seclusion to the attending physician (if not the ordering provider)

Safety

Restraints must be initiated in a way to avoid undue physical discomfort, harm, or pain. Only a minimal amount of physical force may be used to implement restraints.

1. If a patient is restrained in a supine position, the patient's head should be free to rotate from side-to-side and, if possible, the head of the bed should be elevated to prevent risk of aspiration.
2. If a patient is restrained in a prone position, the patient's airway must be unobstructed at all times and the expansion of the patient's lungs not restricted.

Unacceptable Physical Restraints

Unacceptable physical restraints include:

1. Locking devices
2. Vests
3. Kerlix/gauze
4. Rope or cord
5. Rubber bands
6. Sheets

Reporing

The following information will be recorded in a log and reported to the Centers for Medicare and Medicaid Services (CMS) when required:

1. Each death that occurs while the patient is in restraints;
2. Each death that occurs within 24 hours after the patient has been removed from restraints; and

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3. Each death known to the hospital that occurs within one week after restraints are used when it is reasonable to assume that the use of the restraints contributed directly or indirectly to the patient's death.

Any patient deaths described above involving restraints other than soft 2 point wrist restraints is reported no later than the close of business on the day following knowledge of the patient's death. This is coordinated through the Clinical Operations Administrator (COA) and Nursing Quality. When a report is required to CMS, the date and time report is documented in the medical record.

Related Documents

Restraint Comparison Table
Restraint Algorithms

References

January 1, 2012 Joint Commission Accreditation Requirements for Hospitals
CMS Conditions of Participation, §482.13 (e) Standard: Restraint or seclusion
IHOP Policy 9.9.1 Security Associated with Offender/Correctional Patients in non-TDCJ Areas