Non Behavioral Restraint Algorithm

RN assesses patient

Clinical justification for Non Behavioral restraint is present
- Pulling at lines/ tubes
- Removal of equipment/ dressing
- Inability to respond to direct requests/ follow instructions

Alternative interventions failed

Is the patient in immediate danger?

Yes

In the case of an emergency, restraints can be applied without an order.

Least restrictive restraint applied with consideration of patient’s health needs

Notify and consult with faculty as soon as possible. Document this in Epic.

Provide and document patient education regarding use of restraints and discontinuation criteria.

Update the patient’s plan of care to reflect the use of restraints.

Monitor and document every 2 hours

Reassess patient for the presence of discontinuation criteria

Present

Discontinue restraint at the earliest possible time that it is safe to do so. Complete restraint order in Epic.

Not present

The patient must be frequently reassessed for continued need. Document this at least once per shift.

No

Notify provider and obtain order to initiate restraint. PRN orders are NOT allowed. Verbal orders are NOT allowed.

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Violent or Self-Destructive (Behavioral) Restraint Algorithm

RN assesses patient to be violent or self-destructive (abusive to self or others)

- Alternative interventions failed

  - Are the patient and/or staff in immediate danger?

    - No
    - Yes

      Do not restrain the patient. Go back to step one. Reassess the patient and attempt alternative interventions.

      Notify provider and obtain an order to initiate restraint. In the case of an emergency, restraints can be applied prior to obtaining an order.

      Least restrictive restraint applied with consideration of patient’s health needs

      Face to face provider evaluation within 1 hour of initiation of behavioral restraint (this assessment is documented by answering questions within the Epic violent/self-destructive restraint order)

      Provider enters order in Epic within 1 hour (see above).

      Notify and consult with faculty as soon as possible. Document this in Epic.

      Update the patient’s written plan of care to reflect the use of restraints.

      Provide and document patient education regarding use of restraints and discontinuation criteria.

      Orders are time limited based on age:
      - Up to 4 hours for patients 18 years or older
      - Up to 2 hours for children and youth 9 to 17 years
      - Up to 1 hour for children 8 years and under.

      PRN orders are NOT allowed.

      Direct continuous observation is required with documentation every 10-15 minutes (with no lapse in documentation of > 15 minutes)

      Every 2 hours:
      - Nutrition ROM
      - Elimination Comfort measures

      Reassess patient for the presence of discontinuation criteria

      - Present
      - Not present

      Discontinue restraint at the earliest possible time that it is safe to do so. Complete the restraint order in Epic.

      The patient must be reassessed for continued need prior to each time limited order renewal (the RN can assess)
      The provider primarily responsible for the patient’s care must assess the patient a minimum of every 24 hours.