

# RESTRAINTS



# RESTRAINTS

- WHO CAN BE RESTRAINED?

- PATIENTS THAT MAY BE AT RISK FOR HARMING THEMSELVES OR OTHERS.
  - FOR EXAMPLE, PATIENTS MAY BE PULLING AT OR COMPROMISING IMPORTANT TUBES, LINES, AND OTHER TREATMENTS.
  - THE PATIENTS IS BEING COMBATIVE WITH STAFF.

- WHY WOULD WE NEED TO RESTRAIN A PATIENT?

- TO ENSURE THE PHYSICAL SAFETY OF THE PATIENT, A STAFF MEMBER, OR OTHERS.
- TO PROMOTE HEALING AND PREVENT HARM.

# RESTRAINTS

- **WHEN SHOULD A PATIENT BE RESTRAINED?**

- *THE USE OF RESTRAINT/SECLUSION IS A LAST RESORT, AFTER ALTERNATIVE INTERVENTIONS HAVE EITHER BEEN CONSIDERED OR ATTEMPTED.*
  - *RE-ORIENTATION*
  - *DE-ESCALATION*
  - *INCREASED OBSERVATION AND MONITORING*
  - *USE OF A SITTER*
  - *REVIEW AND MODIFICATION OF MEDICATION REGIMENS*
  - *REPOSITIONING, USE OF CUSHIONS/PADS*
  - *EXERCISE*
  - *VERBAL INTERVENTIONS*
  - *BED ALARM SYSTEM*
- *THE PATIENT IS REASSESSED OFTEN SO THAT WE CAN DISCONTINUE THE RESTRAINTS AS SOON AS POSSIBLE, AS THIS IS OUR GOAL.*

# RESTRAINTS

- **WHAT KIND OF RESTRAINTS DO WE NORMALLY USE?**

- *SOFT FABRIC WRIST/ANKLE RESTRAINTS*
- *VEST RESTRAINTS*

- **WHAT IS NOT CONSIDERED A RESTRAINT?**

- *IF A PATIENT CAN EASILY REMOVE A DEVICE, THE DEVICE WOULD NOT BE CONSIDERED A RESTRAINT.*
- *A RESTRAINT DOES NOT INCLUDE DEVICES SUCH AS:*
  - *ORTHOPEDIC PRESCRIBED DEVICES*
  - *SURGICAL DRESSINGS*
  - *BANDAGES*
  - *PROTECTIVE HELMETS*
  - *METHODS THAT INVOLVE THE PHYSICAL HOLDING OF A PATIENT FOR THE PURPOSE OF CONDUCTING ROUTINE PHYSICAL EXAMINATIONS OR TESTS*

# RESTRAINTS

- **HOW CAN YOU HELP A PATIENT THAT IS RESTRAINED AND MAY BE IN DISTRESS?**
  - IF YOU ENTER A PATIENT ROOM, AND YOU NOTICE THE PATIENT "**DOES NOT LOOK RIGHT**", AND THE RESTRAINT MAY HAVE THE POTENTIAL TO HARM THE PATIENT (CHANGE IN SKIN COLOR, TEMPERATURE, SENSATION, APPEARANCE)
    - 1. IMMEDIATELY RELEASE THE RESTRAINT
    - 2. CALL FOR HELP
    - 3. TRY TO CALM THE PATIENT IF POSSIBLE



**PLEASE HELP!**

# ORDERING REQUIREMENTS FOR RESTRAINTS OR SECLUSION

- *THIS POLICY REQUIRES THAT A PHYSICIAN OR OTHER LICENSED INDEPENDENT PRACTITIONER (LIP) RESPONSIBLE FOR THE CARE OF THE PATIENT ORDER RESTRAINT OR SECLUSION PRIOR TO THE APPLICATION OF RESTRAINT OR SECLUSION.*
- *IN AN EMERGENT SITUATION, THE NURSE CAN APPLY THE RESTRAINT, BUT THE ORDER MUST BE OBTAINED EITHER DURING THE EMERGENCY APPLICATION OF THE RESTRAINT OR SECLUSION OR IMMEDIATELY AFTERWARDS (WITHIN A FEW MINUTES).*
- *IF RESTRAINT OR SECLUSION IS DISCONTINUED PRIOR TO THE EXPIRATION OF THE ORIGINAL ORDER, A NEW ORDER MUST BE OBTAINED PRIOR TO REINITIATING THE USE OF RESTRAINT OR SECLUSION.*
- *RESTRAINTS ARE **NEVER** TO BE USED AS A STANDING ORDER OR AS A NEEDED BASIS.*

# CONTINUED

- **VIOLENT RESTRAINTS**

- *INITIAL ORDERS ARE VALID FOR THE FOLLOWING TIME FRAME (PROVIDER FACE TO FACE WITHIN 1HR):*
  - *18 AND UP- 4 HOURS*
  - *9-17 YEARS OLD- 2 HOURS*
  - *UNDER 9- 1 HOUR*
- *VIOLENT RENEWAL ORDERS CAN BE PLACED UP TO 24 HOURS.*
- *IF THE VIOLENT EPISODE WILL CONTINUE AFTER 24 HOURS, A NEW ORDER AND A PROVIDER FACE TO FACE MUST BE DONE WITHIN 1 HOUR.*

- **NON-VIOLENT RESTRAINTS**

- *THE INITIAL ORDER IS VALID FOR 72 HOURS*
- *IF THE PATIENT REMAINS IN RESTRAINT FOR MORE THAN 72 HOURS, THEN A RENEWAL ORDER MUST BE OBTAINED.*
  - *RENEWAL ORDER IS VALID FOR 72 HOURS*

**FURTHER REQUIREMENTS  
FOR ORDERING RESTRAINTS  
AND DOCUMENTATION-  
SEE POLICY-MCH-2053**