Objectives

This section will outline restraint information such as:

• What is a restraint
• Alternative to restraints
• Ordering a restraint
• The requirements for documentation when restraint use is necessary

— **Please Note:** eRecord screenshots reflect current documentation practices at time of module development.
UPMC Restraint Policy

• **Restraints** are used as a last resort and **ONLY** with a physician order.

• Restraints should **NOT** be used, unless other alternative methods have already been attempted.

• Application of the least restrictive restraint should be selected and terminated, as soon as reasonable to do so.
What is a Restraint?

A restraint is any manual, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his/her arms, legs, body, or head freely.
Chemical Restraints

• A chemical restraint is a drug or medication used to manage the patient's behavior or restrict the patient's freedom of movement.
  – This restraint would not apply in the instance that the drug or medication is not a standard treatment or dosage for a patient's condition.
Mechanical Restraint Devices

- Mechanical restraint devices are listed from least restrictive to most restrictive:
  1. Full side rails
  2. Soft restraints
  3. Mitts (only when secured/tied)
  4. Vest
  5. Waist belt
  6. Canopy bed
  7. Hard restraints
Alternative to Restraints

Care should be taken to use alternatives to restraints. These include, but are not limited to:

- Orienting stimuli and reminder devices (conversation to decrease anxiety, radio, television, clock, watch, calendar and personal items from home)
- Speak to the patient in a calm reassuring voice
- Assess the patient’s comfort level (elimination, position changes, nutrition, hydration)
- Redirect agitated patients using diversionary activities
- Psychologist/psychiatrist consultation
- Encouraging family to sit with the patient
- Move room closer to nurse’s station
- Assess environment and decrease stimuli
- Chair or bed alarm
Acceptable Restraints

When is restraint use acceptable?

- If an employee observes and documents behaviors that may compromise patient safety, and the patient has not responded to alternative interventions.

- Restraints may ONLY be used to ensure the immediate physical safety of the patient, an employee, or others.
In an emergent situation...

• An RN may apply a restraint if necessary.
• A physician order **MUST** be obtained, as soon as possible.
• The physician must examine the patient and provide a new order on a daily basis.
• If the need for restraint represents a significant change in the patient's condition, the RN is to immediately notify the physician.
• If the restraint order is obtained from a physician, other than the patient's treating physician, the treating physician will be advised of the use of restraints at the earliest possible time.
Physician Order Elements

• Restraint use is to be discontinued at the earliest possible time, regardless of the length of time identified in the order.

• The Physician order for Non-violent restraints will expire at the end of the NEXT CALENDAR DAY.
  – The physician order MUST include:
    • Type and location of restraint for a mechanical restraint
    • Specific extremities when applicable
    • Drug, dose, route and frequency for a chemical restraint
    • Must include the reason for use, duration, date and time of order

• Standing or “as needed” orders for ANY restraints are NOT ACCEPTABLE!
Nursing Assessment for the patient in Non-violent restraints

Initiation of Restraints:
• With the initiation of restraints, the following must be documented:
  – Concrete, objective observations of the patient's behavior.
  – The reason for the use of restraint.
  – Any alternative methods employed to avoid restraint use and the effectiveness of those methods.
  – Physical limitations that would preclude the use of a particular restraint.
  – Discussion with patient and family when able.
  – Type of restraint, reason, time, and date of application.
ORDERS FOR NON-VIOLENT RESTRAINTS
Step 1

Select "Restraints Non-Violent"
Step 2

Select the "Type of Restraint"
Step 3

Select the restraint location.
Step 4

The order must include the reason for the restraint.
Step 5

Before signing, the criteria for the discontinuation of the restraint must be indicated.
Nursing Care for the patient in Non-violent restraints

• Patient's need for toileting, food and nutrition, hygiene, personal and medical care including mental, and neurological status will be met while in restraints.
• Assessment and patient care interventions occur at least every two hours for the patient in non-violent/non-self-destructive restraints.
  – Assessment may include, but is not limited to:
    • Release of restraints.
    • Assessment of color, sensation, and movement of the involved extremity(ies).
    • Assessment of skin integrity and signs of injury.
    • Readiness for restraint discontinuation based on observed behaviors.
    • Alternatives provided to the patient.
    • Nursing Care and Assessment for the patient in Non-violent restraints.
Violent restraints: Initial Assessment

Initial Assessment for the patient requiring violent and/or destructive behavior restraints includes:

- The actual behavior observed.
- Reason for the decision to use restraint or seclusion.
- Alternative strategies attempted.
- Physical limitations precluding the use of a particular restraint.
- Discussion with the patient and/or family.
- Type of restraint and modification of the plan of care.
Time limit Orders for Violent Restraints

A time limit order is necessary for those in restraints for violent or self destructive behavior.

- 4 hours for adults (18 years or older)
- 2 hours for adolescents and children (9-17 years)
- 1 hour for patients under the age of 9
Obtaining Physician orders

Obtaining Physician orders for a patient who is exhibiting violent and/or destructive behavior.

• In an emergency, a verbal order may be obtained, but **MUST** be followed by a face-to-face evaluation within one hour.

• If a patient remains in a restraint, he/she must be seen by the physician face-to-face, four hours from the initiation of the restraint and every eight hours thereafter.
  – The physician’s evaluation should include:
    • The patient's immediate situation
    • The patient's reaction to the intervention
    • The patient's medical and behavioral condition
    • The need to continue or terminate the restraint or seclusion
THIS SECTION WILL COVER ORDERING VIOLENT RESTRAINTS.
Step 1

Select the violent restraint order set.
Step 2

Select the type of restraint(s).
Step 3

Select the restraint location.
Step 4

The orders must include the reason for the restraint.
Step 5

Before signing, the criteria for discontinuation of the restraint must be indicated.
NURSING DOCUMENTATION
Step 1

After the initial orders are placed, nurses will be tasked to complete the Restraint Initiation form. All yellow required fields must be completed.
Step 2

After initial orders are placed, nurses will be tasked to assess and reassess the patient in restraints every two hours on the even hour.
Step 3

Non-violent restraint reassessment must occur every 2 hours.
Documentation

• Patient Assessment
  – Select behavior with each assessment

• Detailed assessment
  – Describe each time what the patient is doing (i.e. pulling at tubes, agitated, combative, etc.)

• Assess for Release for Restraint
  – Should only be documented if restraints are going to be removed. Selection should match discontinuation criteria in order.
Restraint Documentation

• Type of Restraint, Location of Restraint, Alternatives & Alternatives Effective should be documented with each reassessment.
• Restrained Extremities should only be documented against if a limb is restrained.
• Restraint Activity must be documented with each reassessment. If restraints aren’t discontinued, Released must be selected.
Discontinuation of Restraints

• On the Reassessment Form
  – Document in the Assess for Release box
  – Document Removed in Restraint Activity box
  – Document date and time of removal
  – Select “Yes” in the Alternatives Effective Box

• Discontinue restraint order via policy protocol

• Resolve behavior and safety IPOCs
Step 4
Patients in violent restraints are to be re-assessed every 15 minutes.
Step 5
All patients in restraints must have an Interdisciplinary Plan of Care (IPOC) reflecting their education and care related to restraints.
Step 6

When restraints are removed a Completed iView-IPOC documentation is needed.
Ongoing Assessment

• Ongoing Assessment with violent or self-destructive behavior restraints:
  – Must occur at a minimum of every fifteen minutes
  – Release or rotation of restraints, every fifteen minutes, when safe
  – Assessment of color, sensation, and movement of the restrained limb
  – Skin integrity and signs of injury
  – Offer of fluids, nourishment, and toileting
  – Vital signs based on assessed need

• All assessments and interventions are to be documented.
• Any variation from the norm should be accompanied by a narrative note.
• If the restraint is no longer needed, a narrative note is to be written.
Removal of restraints

• This section will cover information concerning removal of restraints.

• Restraints can be removed ONLY for the purpose of assessment of skin hygiene or to allow short-term physical movement of the patient.

• Any other removal for any length of time will require a new order before the restraint can be reapplied.
When a patient's restraints have been removed, document in the following section of the Restraint Reassessment Form:

- In the "Restraint Activity" section, select "Removed."
- In the "Time Restraint Discontinued" section, the current date and time will be the default.
- Select the type of restraint being removed and the assessment supporting the removal.
DISCONTINUING RESTRAINT ORDERS

- The RN or MD may discontinue the restraint if the criteria for discontinuation have been met.
- The time and criteria for release will be documented when the restraints are removed.

To discontinue a restraint order:

- Locate the "Patient is on Restraints" order on the Orders Matrix
- Right Click on the order
- Select "Cancel/DC" from the pop-up menu
Removal of Restraints

TRIAL PERIODS OF RESTRAINT REMOVAL ARE NOT PERMITTED!