Initiation of Restraints

- Every episode of restraint use requires an order by the physician or approved licensed independent practitioner.
- RNs may initiate restraints in an emergency.
- If restraints are placed emergently, the physician (or APN for non-violent, non-self destructive patient) must be contacted and restraint orders must be documented immediately.
- Restraint orders must include the medical reason and the behavior requiring the patient to be restrained, and the type and location of restraint.
- A face to face assessment by the physician needs to be completed within 24 hours.
- The RN will perform a face-to-face assessment of the patient at the time restraints are applied.

Additional Requirements for Care of the Violent/Self-Destructive Patient in Restraints:

- Physician/LIP or qualified RN must perform a face to face assessment within one hour of initial restraint application.
- Patient assessment (restraint placement, physical and mental assessment, behavior, evaluation of continued need for restraints) must be completed and documented at least every 15 minutes.
- Physician/LIP must re-assess need for restraint and renew orders if necessary within:
  - 4 hours for adults (18 and over)
  - 2 hours for adolescents (9-17 years)
  - 1 hour for children (8 and below)

Within 24 hours of the original order, it is up to the discretion of the physician/LIP, after a discussion with the RN taking care of the patient, whether a face to face assessment is needed before renewing the original order.

A new order must be written after 24 hours. A face to face assessment must be done before issuing a new order.

- Requires one-to-one monitoring.

After one hour of direct observation, audio and video monitoring (must have both) within close proximity of the patient can be used for one-to-one monitoring.

Care of the Patient in Restraints

Upon initiation, the RN should document:

- Type and location of restraints
- Patient behaviors requiring the restraint
- Alternatives tried
- Patient response to restraints
- Patient/family education
- Safety measures instituted
- MD communication

At least every two hours, document and assess:

- Restraint placement
- Physical assessment (including, but not limited to skin integrity, circulatory status, respiratory status, and range of motion)
- Mental status and behavior
- Readiness for discontinuation of restraints

At least every two hours, address and document physical care, including:

- Releasing restraints to provide range of motion
- Repositioning
- Nutrition and hydration

Review and Renewal of Restraints

- The physician or LIP will reassess the patient daily and write a new order if restraint use is still clinically justified.
- A new order is required when a restraint is re-applied after discontinuation (even if the last order is still active) and whenever there are any changes from the current order.
- If restraints are no longer clinically justified, discontinue immediately, regardless of the length of time identified in the order.
- Notify physician of discontinuation and document patient behavior allowing for discontinuation, any patient/family education provided and any safety measures implemented.

KEY POINTS

- All restraint related injuries should be reported immediately to the clinical manager and Patient Safety/ Risk Management. Follow your hospital’s specific policy for reporting.
- All deaths that occur within 24 hours of restraint use must be reported to CMS. Notify the clinical manager and Patient/Safety Risk management immediately and follow your hospital’s policy.