

<b>Subject:</b> PATIENT CARE ADMINISTRATION	<b>Page</b> 1 of 7	<b>Policy #</b> 5.09
<b>Title:</b> USE OF RESTRAINTS	<b>Revision of:</b> 04/23/04	<b>Effective Date:</b> 11/09/05

*The Stone Institute of Psychiatry should refer to departmental policy on restraint use.*

**I. PURPOSE:**

To guide the safe, appropriate, and clinically justified use of restraints. The reason for the restraint use is not driven by the treatment setting of the patient nor is it determined by the patient's diagnosis. Different standards exist for the use of restraints in medical and post-surgical care and when restraints are used for behavior management.

There are *two reasons* for restraint use:

- A. Restraint for *behavioral management*: Initiated in emergency or crisis situations if a patient's behavior becomes aggressive or violent, presenting an immediate, serious danger to his/her safety or that of others.
- B. Restraint for *acute medical and post-surgical care*: Initiated to limit mobility, temporarily immobilize a patient related to medical, post-surgical or other procedure, and/or to address safety risks such as wandering for a non-violent patient who is otherwise cooperative.

**II. DEFINITION:**

Restraints restrict freedom of movement of the whole or a portion of the patient's body. Restraints shall only be used in a therapeutic manner to prevent harm or injury to the patient and/or others.

This policy does not apply to restraint use that is only associated with, and used during, medical, dental, diagnostic, or surgical procedures (e.g., medical immobilization during a surgical procedure). In addition, this policy does not apply to the use of adaptive and protective devices (postural support, orthopedic appliances, tabletop chairs, and bed rails) when the device can easily be removed by the patient and the patient's freedom to move when the device is in place has not been reduced. In this context, these devices are not considered involuntary restraint.

This policy also does not apply to the use of handcuffs or other restrictive devices applied by law enforcement officials for custody, detention, and public safety reasons, which are not involved in the provision of health care. Refer to Safety Manual Security Management Policy 6.78 "Prisoner / Patient Hospitalization / Forensic Staff Orientation" (Effective 04/16/04)

**III. RESTRAINT DEVICES COVERED UNDER THIS POLICY:**

- A. Locked Restraint Devices
- B. Soft Restraint Devices
  - 1. Mitten Restraints
  - 2. Soft Wrist Restraints
  - 3. Vest-Type/Chest Restraints
  - 4. Lap Belt

**IV. INDICATIONS FOR USE:**

The application of restraints *must be based on the assessed needs of the patient* and used in conjunction with or after exploring alternatives to the use of restraints.

*The immediate objective is to 1) promote healing and 2) protect the patient and others from harm or injury.*

- A. Explore alternatives prior to the initiation of restraints. Use the algorithm (Appendix) as a guide for assessment of need and possible alternatives.
- B. Document this process on the Physician's Order Form for Restraints and on appropriate flow sheets.
- C. Restraints will be discontinued as soon as it is safe to do so based on needs assessment.

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**V. ORDERS:**

Restraint is used upon the order of a physician and/or qualified staff (resident or APN).

- A. For ordering, *only* use the applicable Restraint Order Set in PowerChart. During PowerChart downtime, utilize the Physician's Restraint Order Form.
- B. In a clinically urgent situation, an RN can make the decision to apply restraints. A physician's order must be obtained (written or verbal) within two hours of application for medical/surgical reasons.
- C. When restraints are used for behavioral reasons, a physician and/or qualified staff (resident or APN) must see and evaluate the individual in person within one hour.
- D. PRN orders for restraints are prohibited.

**VI. RELEVANT REGULATORY REFERENCE**

None referenced

**VII. POLICY UPDATE SCHEDULE**

Every five years

**VIII. KEY WORDS and CROSS REFERENCE**

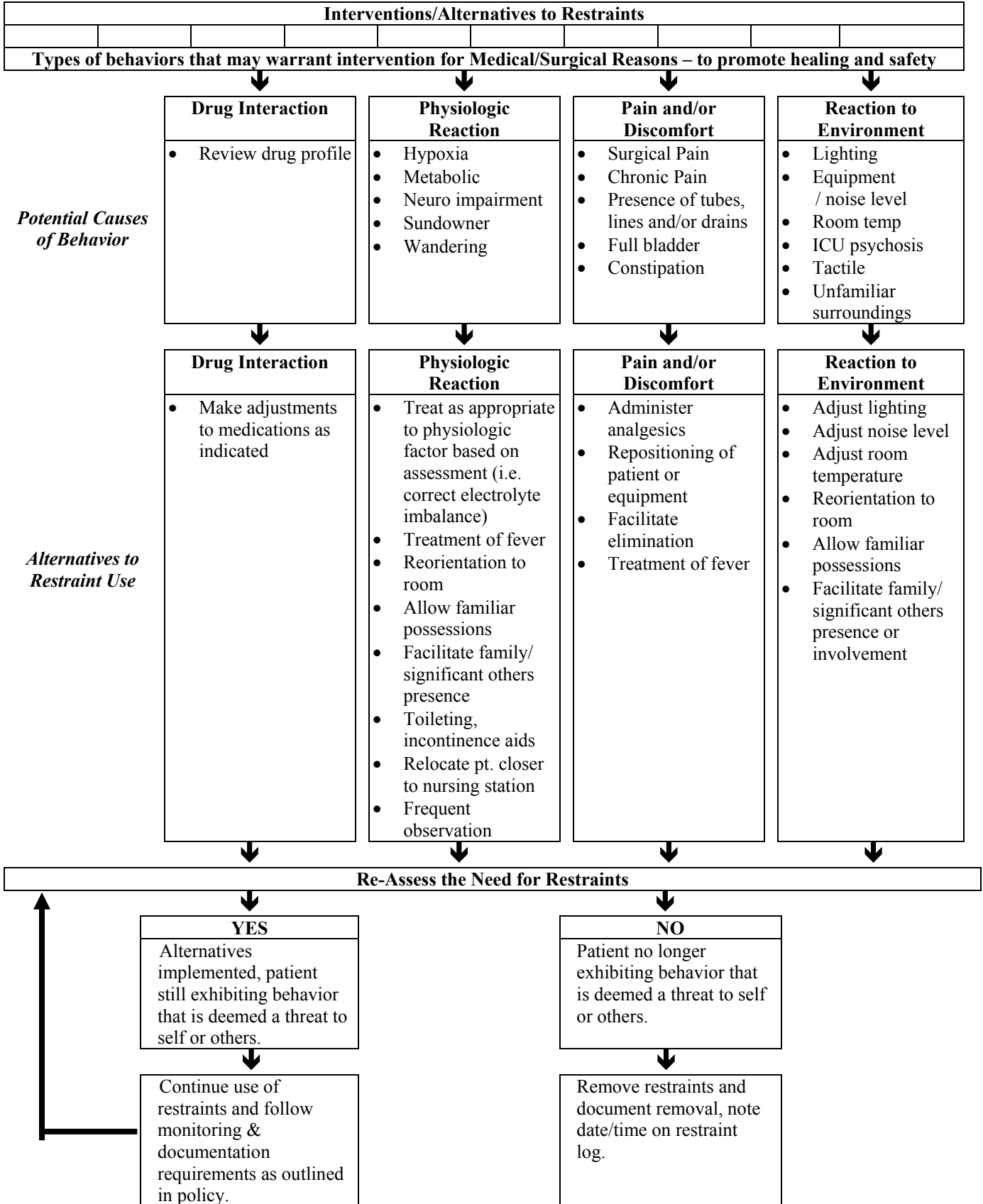
use of restraints behavioral management restraint handcuffs detention custody immobilization soft-restraint seclusion

**IX. CARING FOR THE PATIENT IN RESTRAINTS:**

<b>RESTRAINT ORDERS</b>	
<b>Acute Medical/Post-Surgical Restraint Application</b>	<b>Behavioral Health Restraint Application</b>
<ul style="list-style-type: none"> <li>An order must be obtained <u>within 2 hours</u> of restraint application.</li> <li>A physician and/or qualified staff (Resident or APN) must see and evaluate the individual in person within 24 hours of initial restraint application. Therefore, verbal orders must be signed within 24 hours of restraint application.</li> <li>A physician and/or qualified staff (resident or APN) must assess the need for continued restraint use, document and rewrite subsequent orders at least q 24 hours.</li> <li>The physician and/or qualified staff initiating the order will notify the attending physician in a timely manner of the restraint order.</li> <li><b>Total restraint time for each order is not to exceed the 24-hour limit.</b></li> </ul>	<ul style="list-style-type: none"> <li>A physician and/or qualified staff (resident or APN) must see and evaluate the individual in person within one hour of restraint application and write an order.</li> <li>Each written order for a physical restraint is limited to               <ul style="list-style-type: none"> <li><input type="checkbox"/> Every 4 hours for individuals 18 and older</li> <li><input type="checkbox"/> Every 2 hours for children/adolescents 9-17</li> <li><input type="checkbox"/> Every 1 hour for children under 9</li> </ul> </li> <li>The physician and/or qualified staff (resident or APN) must provide and document that the patient was provided with a copy of Notice Regarding Restricted Rights of Individual IL462-2004 (Copies will be available to the units).</li> <li>Encourage appropriate consult for behavioral issues.</li> <li>If the RN assesses the patient to need continued restraint beyond 4 hours, the RN must contact the physician, and obtain a new order. This may be done via phone and would continue the order for an additional 4 hours.</li> <li>The need to continue restraints beyond 8 hours must be determined by the physician and/or qualified staff (resident or APN) through a face to face assessment before a new restraint order is written.</li> <li><b>Total restraint time for each order is not to exceed time limits above.</b></li> <li>The department manager or HOA (after hours) is to be immediately notified of any instance in which a patient remains in restraint or seclusion for more than 12 hours.</li> <li>Thereafter, the manager or HOA (after hours) is notified every 24-hours if either of the above conditions continues</li> </ul>
<b>PATIENT EVALUATION/ASSESSMENT</b>	
<b>Acute Medical/Post-Surgical Restraint Application</b>	<b>Behavioral Health Restraint Application</b>
<ul style="list-style-type: none"> <li>When placing a patient in restraints, assess the patient (patient's clothing) and areas within the patient's reach (e.g., bedside table and drawers) to assure that he/she does not possess or have access to items that could cause harm (sharp objects, matches, lighters).</li> </ul>	<ul style="list-style-type: none"> <li>When placing a patient in restraints, assess the patient (patient's clothing) and areas within the patient's reach (e.g., bedside table and drawers) to assure that he/she does not possess or have access to items that could cause harm (sharp objects, matches, lighters).</li> <li>The physician and/or qualified staff (resident or APN) must evaluate and document that the restraint does not pose an undue risk to the patient's health in light of his/her physical/mental health.</li> </ul>

<b>DOCUMENTATION</b>	
<b>Acute Medical/Post-Surgical Restraint Application</b>	<b>Behavioral Health Restraint Application</b>
<ul style="list-style-type: none"><li>• RN/LPN to observe and document on patient at least every hour, using the restraint flow record. These observations are necessary to assess for the continued safety, well being, comfort, and dignity of the patient.</li><li>• Assess and document circulation (including skin integrity), movement, and sensation (CMS) <u>every one hour</u>. Offer appropriate range of motion (ROM), hydration, toileting, and other relevant care <u>every two hours while awake</u>.</li></ul>	<ul style="list-style-type: none"><li>• Individuals in restraint (or seclusion) are monitored <u>continuously through in-person observation by an assigned staff member who is <i>competent and trained</i></u>. Documentation of this monitoring occurs <u>every fifteen minutes</u> on the restraint flow record.</li><li>• Assess and document circulation (including skin integrity), movement, and sensation (CMS) <u>every one hour</u>. Offer appropriate range of motion (ROM), hydration, toileting, and other relevant care <u>every two hours while awake</u>.</li></ul>
<b>PATIENT MANAGEMENT</b>	
<b>Acute Medical/Post-Surgical Restraint Application</b>	<b>Behavioral Health Restraint Application</b>
<ul style="list-style-type: none"><li>• Provide all usual and customary care for patients in restraints</li></ul>	<ul style="list-style-type: none"><li>• Provide all usual and customary care for patients in restraints</li></ul>

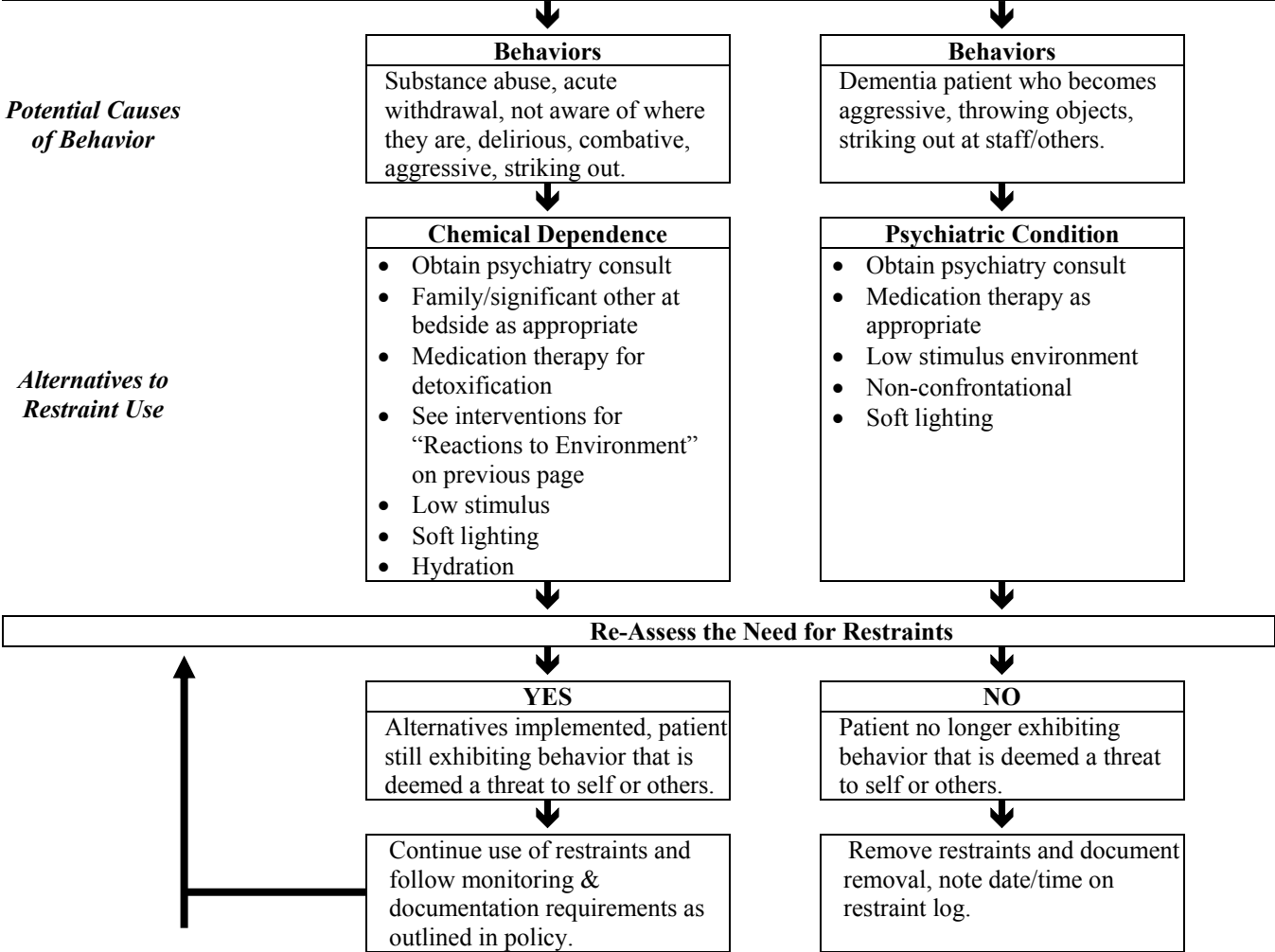
**APPENDIX A:** *(Review related policies/protocols if applicable (i.e. Falls, Suicide))*



**APPENDIX B:** *(Review related policies/protocols if applicable (i.e. Falls, Suicide))*

**Interventions/Alternatives to Restraints**

**Types of behaviors that may warrant intervention for Behavioral Health Reasons – Emergent use, imminent danger or physical harm to self or others.**



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Electronically Approved: November 7, 2005

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Directors of Nursing

COMMITTEES: Patient Care Committee, September 15, 2005  
Medical Executive Committee, October 10, 2005

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