



Restraint Management

Restraint Management Policy –

revised 2009 based on new restraint regulations

- CPMC is committed to having an environment that protects and promotes the health, safety, dignity, rights and well being of our patients
- Use of restraints and seclusion is limited to clinically appropriate situations, based on the individual assessed needs of the patient.
- Patients have a right to be free from restraints that are not medically necessary.
- Restraints are not allowed for staff convenience, discipline, retaliation, coercion or as a threat to gain patient compliance, and are never considered part of routine care.
- Medical Restraints, Behavioral Restraints and Seclusion are ONLY used when other less restrictive measures are not sufficient to protect patients or others from injury or harm, and are clinically justified.
- The goal of restraint use is to eliminate the restraint at the earliest possible time.

What is NOT a Restraint?

(Restraint Exclusions)

- Arm boards during IV therapy
- Use of belts or straps on gurneys or exam tables
- Immobilization during post anesthesia care (regardless of where Post Anesthesia care occurs)
- Adaptive supports such as mechanical devices used for postural support to achieve maximum normative body positioning and functioning (braces, splints, orthopedic devices, wheelchairs, etc)
- Protective devices intended to compensate for a physical deficit or to prevent safety incidents unrelated to cognitive function (chairs with tabletop, release trays or seat belts, protective helmets)
- Side rails on beds
 - Side rails that protect the patient from falling out of bed are not restraints **unless all 4 side rails are raised with the intent** to restrain the patient. Raising 1 – 3 side rails does not meet the definition of restraint.
 - When a patient is placed on seizure precautions and all side rails are raised, the use of padded side rails would not be considered a restraint.
- Side rails on gurneys
 - Elevated side rails on gurneys, when a patient is recovering from anesthesia, sedated, experiencing involuntary movements, on a therapeutic bed/mattress to prevent the patient from falling out of bed are not restraints
- Forensic handcuffs/shackles may only be used by law enforcement officers and the law enforcement officers are responsible for their use (application and monitoring). A law enforcement officer must be present at all times when a patient is handcuffed/shackled.
- Clinical care of a patient under forensic restrictions is provided by CPMC staff.

What is NOT a Restraint? (cont'd)

PEDIATRIC SAFETY

- Any pediatric equipment that has a securing device (like a seat belt) that is part of the normal functioning of the device for safety reasons is not considered a restraint; for example, seat belts for children in strollers, wheelchairs, swings, plastic enclosed cribs
- Vest or seatbelts used to provide stabilization to children with musculoskeletal instability are not considered a restraint.
- Therapeutic holding – a staff member picking up, redirecting or holding an infant, toddler, or preschool-aged child to comfort the patient is not a restraint.
- The physical holding of a patient for the purpose of conducting a routine physical exam, administering an injection/immunization, or taking a test is not a restraint.

Types of Restraints:

- Chemical Restraints
- Physical Restraints
 - Medical Restraints
 - Behavioral Restraints
- Seclusion

CHEMICAL RESTRAINTS

If the medication is a standard treatment to improve the patient's condition, it is not a chemical restraint.

*CHEMICAL RESTRAINTS ARE
NEVER USED AT CPMC!!!*



**NO CHEMICAL
RESTRAINTS!!!**

What is a Medical Restraint?

Medical Restraints are used to ensure the safety of the **non-violent, non self-destructive patient.**

Restraint Alternatives:

Before restraining a patient, consider

What can I do to prevent restraint use?

- Bed Alarms
- Toilet Patient
- Low bed
- Reposition Patient
- Move patient closer to nurses station
- Assess for pain and medicate as needed
- Consider possible adverse medication effect
- Consider possible medical conditions such as: fever, urinary tract infection, hypoxia, pneumonia, thyroid disorder, sepsis, etc.
- Ambulate Patient
- Distract Patient (TV, music, art work, age appropriate play activities for pediatric patients)
- Give patient a back rub
- Ask family member to stay with patient
- Geri-Chair
- Offer food and fluids
- Decrease stimuli

When may a Medical Restraint be clinically justified?

1. A Medical restraint may be used to protect a patient who attempts to remove therapeutic medical devices (IV lines, endotracheal tubes, catheters, drains, dressings, etc)
2. Medical restraints may be used to protect a patient who, because of an acute or chronic confused state, is unable to follow directions and engages in unsafe behavior that may result in accidental or intentional harm to self.

Restraints are NOT routinely used at CPMC to prevent falls. There are clinical situations when it may be necessary to restrain a patient who is at risk for falls when other less restrictive interventions have failed, but a fall risk score indicating that the patient is at risk of falling is not in and of itself an indication to restrain a patient.

Patient/family request for restraints is NOT a reason to restrain a patient.

Medical Restraint Order Requirements

- Physician Order is required for a restraint
- Physician Order must include:
 - Type of restraint
 - Where restraint should be applied (right wrist, for example)
 - Specific clinical justification for the restraint
 - Must be based on an examination of the patient.
 - Order cannot exceed 24 hours

Medical Restraint Assessment

- Assessment for possible restraint use is based on the individual patient:
 - Condition
 - Weaknesses
 - Behaviors
 - Hypoxia
 - Drug interactions
 - Electrolyte imbalances
 - Strengths
 - History
 - Temperature elevation
 - Hypoglycemia
 - Drug side effects

All of these can cause confusion, agitation, and combative behaviors

Medical Restraint Monitoring

- Patient who is physically restrained is monitored through observation, interaction with the staff, and direct examination.
- Monitoring occurs at least every 2 hours on the even hours for:
 - Continued need for restraint and whether less restrictive measures are possible
 - Patient's physical and psychological well being
 - Patient's rights, dignity and safety are maintained
 - Whether the restraint has been safely and appropriately applied, removed, or reapplied to prevent respiratory and/or circulatory impairment.
 - Comfort measures that include pain management, hydration, nutrition, and assistance with ADLs, including toileting
 - Skin integrity for trauma as evidenced by bruising, abrasion or edema
 - Any change in the patient's behavior or clinical condition indicating the need to remove the restraints
 - Release restraint every 2 hours for range of motion and change of position
 - Monitor for patient's behavioral response and individual needs.

Medical Restraint Documentation

- Alternatives to restraint use must be evaluated and least restrictive measures attempted or considered, and documented prior to initiation of restraint application.
- Initiate care plan for the care of the patient in restraints
 - Care plan is part of Medical Restraint flow sheet for acute units
 - SNF/Subacute Units initiate care plan and review and update at least weekly.
- Implement Medical Restraint Flow Sheet and document:
 - Alternative interventions/less restrictive interventions attempted/considered and results
 - Specific indications requiring restraints
 - Family notification as appropriate
 - Patient/family education provided, as appropriate
 - Monitoring/observation of patient's condition
 - Determination of continued need for restraint
 - Time restraint discontinued

Discontinuation of Medical Restraint

- Goal is always to discontinue restraint use as soon as restraint is no longer needed:
 - Evaluate patient compliance with directions and behavior required for removal.
 - Discontinue restraints as soon as less restrictive alternative methods can be implemented based on individual patient assessment.
 - Restraints may be discontinued/terminated at the direction of an RN based on the documented assessment of the RN.

What are Behavioral Restraints and Seclusion?

Behavioral Restraints and Seclusion are any type of restraint used to manage the behavior of the **violent or self destructive patient.**

When are Behavioral Restraints or Seclusion used?

- Behavioral Restraints or Seclusion use is limited to emergencies in which the patient's assaultive, threatening or self destructive behavior creates an imminent risk of physical harm to self, staff or others.

Restraints are Dangerous

- Throughout the country, patients die each year from restraints either because of entrapment from the restraint, positional asphyxia, or because a medical condition was not detected.
- The physical and psychological well-being of the patient who is restrained or secluded must be carefully monitored.

Remember . . .

- Do whatever you can to avoid using restraints
- But if a patient must be restrained, we want to respect the patient's dignity and rights and keep the patient SAFE while the patient is restrained.

CPMC Philosophy:

Avoid using restraints!

When a restraint is the last resort, use them safely!

JUST SAY NO to unnecessary restraint use!!!