

## RESTRAINT CARE- PHYSICIANS/PRACTITIONERS

\*\*\*\* Physicians and other (QLP) qualified licensed practitioners authorized to order restraint (through hospital policy in accordance with law and regulation) must have a working knowledge of the hospital policy regarding the use of restraint. \*\*\*\*

### **Restraints: Non-Violent/Destructive Behavior Care Guidelines**

- The (QLP) qualified licensed practitioner (the physician, PA, NP, or other QLP) will complete the order for each episode of restraint.
- QLP determines the need for reordering restraints based on and prior to the initiation of the reassessment.
- Completion of a written order by the qualified licensed practitioner is required to reinstitute restraints beyond the initial episode.
- QLP will participate in the daily review and restraint reduction measures.

#### **Assessment- Restraint Criteria**

- The patient is assessed by the registered nurse or physician/practitioner to determine if the patient is at risk for interfering with essential medical treatment, including:
  1. Pulling at medical appliances and/or attempting to remove lines, tubes, and/or surgical dressing.
  2. An assessment reveals a condition or symptom that indicates the need for an intervention to protect the patient from harm.
  3. Patients in non-violent restraints should be assessed/monitored about every 4 (four) hours or more or less frequently if necessary.

#### **Implementation and Orders**

1. There must be a written, time-limited order by a QLP for restraints. The order may not be written by a first year resident. If a PA (physician's assistant) writes the order, then it must be cosigned by a physician.
2. The time-limited order must include: Start date and time, stop date and time, justification or reason for use, and type of restraint.

3. Standing orders or PRN (also known as "as needed") orders for restraint are prohibited. Staff may not discontinue a restraint and then restart it under the same order. This would constitute a PRN order. Trial release is NOT permitted.
4. An order for restraint must be written within minutes (defined as no longer than 10 (ten) minutes) of applying the restraint.
5. If a physician is not available to issue such an order, restraint use may be initiated by a registered nurse on an emergent basis, and only if the physician/QLP is notified as soon as possible (within 1 (one) hour) and a telephone or written order is obtained. Exception: if there is a significant change in the patient's condition, then you must notify the physician immediately.
6. Re-application of Restraints: If a patient was recently released from restraints and exhibits behavior that can only be handled by the reapplication of restraints, a NEW order is required.
7. Restraints may be temporarily released to care for patient needs as long as staff remains with the patient continuously. This is for care needs only, for example, toileting, feeding, and range of motion. This is not considered a trial release or a discontinuation of restraints; therefore, NO new order is needed.
8. Orders for restraint used to protect the physical safety of the nonviolent or non-self-destructive patient are renewed every calendar day as warranted based on the continuing need for restraint.
9. Prolonged use of restraints is considered 72 (seventy-two) or more hours; which is equivalent to 3 (three) days or more.
10. A registered nurse trained in restraint use may discontinue restraints.

#### **Death Reporting Requirements**

- The hospital must report to House Supervisor and CMS each death (with the exception of soft wrist restraints) that occurs while a patient is in restraints at the hospital.

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### **Restraints: Patient's Exhibiting Violent/Destructive Behavior Care Guidelines**

#### **Assessment- Restraint Criteria**

When the restraint is used for the management of violent or self-destructive behavior that presents immediate or serious danger to the patient or others, immediate action is needed. A physician, QLP, or PA who has been trained according to requirements must see the patient within 1 (one) hour after the initiation of the restraint. This QLP must evaluate and document:

- The patient's immediate situation
- The patient's reaction to the intervention
- The patient's medical and behavioral condition
- The intervention used and alternate interventions attempted
- The need to continue or terminate the restraint

If the face-to-face evaluation is conducted by a physician other than the attending physician, then the designee who is responsible for the care of the patient must be consulted as soon as possible after completion of the evaluation.

#### **Implementation and Orders**

When restraint is initiated for behavioral health purposes, the QLP is responsible for the following:

1. Reviewing with staff the patient's physical and psychological status.
2. Determining whether restraint should be continued.
3. Guides staff in identifying ways to help the patient regain control.

\*\*\*\*\* There MUST be a written time-limited order within minutes- defines as no longer than 10 (ten) minutes.

- Up to 4 (four) hours for adults ages 18 (eighteen) and older
- Up to 2 (two) hours for children/adolescents ages 9 (nine) to 17 (seventeen)
- Up to 1 (one) hour for patients under the age of 9 (nine)

When restraint is initiated without an order by a QLP within 1 (one) hour, qualified staff is responsible for doing the following:

1. Notify the physician as soon as possible.
2. Obtain an order (telephone or written) from a physician within 10 (ten) minutes. Order from a PA (physician's assistant) requires a cosigner. This must be a physician.
3. Consult with the physician about the patient's physical and psychological condition.

\*\*\*\* The physician who is primarily responsible for the patient's ongoing care conducts a face-to-face re-evaluation within 24 (twenty-four) hours.

At the time of the in person evaluation of the patient who is in restraint for behavioral health purposes, the physician is responsible for the following:

1. An evaluation of the patient's immediate situation
  2. The patient's reaction to the intervention
  3. The patient's medical and behavioral condition
  4. The need to continue or terminate the restraint
- If applied for violent behavior, then prolonged use of restraints is considered 24 (twenty-four) or more hours.
  - A registered nurse trained in restraint use may discontinue restraints.

-----Complete policy for reference can be found on FASTLANE in POLICY TECH titled PATIENT CARE- Restraint Policy LWH #38437