PROVIDENCE St. Joseph Medical Center PROVIDENCE St. Patrick Hospital

PRACTITIONER RESTRAINT EDUCATION

RESTRAINT USE FOR MEDICAL/SURGICAL INTERVENTION PROCEDURE

Competency training for physicians and APRNs

OVERVIEW:
St. Patrick Hospital (SPH) and St. Joseph Medical Center (SJMC) are committed to comply with the Joint Commission Standards and the CMS Conditions of Participation related to restraints. The standards include guidance on the ordering, assessment, application and discontinuation of restraints. Both agencies are interested in utilizing the least restrictive method of intervention with the intent of always considering the patient's rights and safety.

- The goal is **PREVENTION**. Restraints should only be used after alternative measures have failed.

- **Nursing staff, in conjunction with the physician or APRN will perform the following:**
  - Implement alternatives to restraints appropriate for the patient's age and cognitive ability; these may be used alone or in combination.
  - If possible, discuss with the patient what helped and what might be more helpful if a future situation should arise.
  - Document interventions and patient outcomes in the plan of care.

- **Physicians and/or APRNs will perform the following:**
  - **Assessment of the patient** – Identification of pre-existing medical condition or any physical disabilities or limitations that would place the patient at greater risk during restraint, determine if benefit of restraining outweighs risk of restraining and determine if restraint should be continued based on patient's physical and psychological status.
  - **Assessment must be completed every 24 hours with the restraint order.**
  - **New agitation/confusion** should be assessed to determine potential reversible causes.
    - Pre-existing Medical Conditions – higher risk patient, including respiratory disease, cardiac disease, and seizure disorder. Document assessment of physical status to clarify safety for restraint use.

- **Orders** – If the need for restraint is determined, the RN may initiate restraints in the absence of a physician or APRN, but must contact physician or APRN for restraint order prior to or immediately following initiation.
- **Implementation of Restraints** – The physician or APRN will not be involved in the application of the restraint. In the event the physician or APRN observes the need for a restraint the nursing staff must be notified and the nursing staff, who are appropriately trained, will apply the restraint.
- **Re-orders and Notifications** – If restraints continue longer than 24 hours, a new order must be written and cannot be verbally ordered by RN. Additionally, a new order must be written for any change in restraint type. If the physician/APRN does not complete the restraint order (including assessment) at the end of 24 hours, the restraint must be removed.
- **Write orders** – The physician/APRN, based upon evaluation and assessment, will write an order for restraint.
    - Specific physician order sheets are used for all restraint orders.
    - Restraint orders are dated and time.
    - The order includes the specific circumstances for implementation of restraint.
    - The original order for physical or chemical restraint is limited to 24 hours.
    - Standing and/or PRN orders for restraints will not be accepted
    - Subsequent orders to continue restraints must be based upon the physician/APRN seeing and assessing the patient and are issued at least every 24 hours. The physician/APRN documents this assessment in the medical record.
    - The RN or the physician/APRN can make the decision to discontinue restraints at any point. Once discontinued, the order is expired and restrains cannot be re-initiated within the 24-hour limit of previous order; the process starts over from the beginning.
    - As part of the restraint monitoring, patients and families are educated to the criteria for discontinuation.

- **Definitions**
    - **Physical Restraint** – Any manual method, physical or mechanical device, material, or equipment attached or adjacent to the patient's body that is not easily removed, restricts freedom of movement or normal access to one's body for the purpose of preventing their activity that may result in injury to the patient or others. Restraints used in this organization include: 1) soft wrist restraints, and 2) hand mitts.
    - **Chemical Restraint** – Any medication used as a restraint is a medication used to control behavior or to restrict patient's movement for the patient's medical or psychiatric condition. Medications used in addition to or in place of the patient's regular drug regimen (as in ETOH Withdrawal Protocol) are **not** considered chemical restraints.

- **Behavioral Health Restraint** – Refer to SPH\SJMC Policy or Procedure Restraint and Seclusion Use for Violent/Self Destructive Behavior
- **Episode** – An episode is defined as the time from initiation of restraint to the discontinuation of restraint. Each episode of restraint or seclusion must be initiated in accordance with the order of a physician or APRN. Duration or order for Medical Restraints is limited to 24 hours. If restraints are removed prior to 24 hours being reached, the length of time they were on is one episode.
- **Forensic Restraints (correctional)** – Include hand cuffs or restraints used for patients under arrest, or incarcerated, to prevent elopement from legal authorities. These restraints do not require a physician order.
- **Treating Physician** – The physician who is responsible for the management and care of the patient. It is important to consult the treating physician because information regarding the patient's history may have a significant impact on the restraint intervention.

- **CMS Death Reporting Requirements**
  - Deaths that must be reported:
    - Each death while a patient is in seclusion or restraint
    - Each death that occurs within 24 hours <u>after</u> the patient has been removed from restraint or seclusion
    - Each death known to the hospital that occurs within 1 week after restraint or seclusion where use contributed directly or indirectly to a patient's death
  - SPH\SJMC each have systems in place to report deaths meeting the above-mentioned criteria.