

1 CLN 008	ADULT (NON-PSYCHIATRIC SETTING) USE OF RESTRAINTS	Appendix A
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	MEDICAL/SURGICAL STANDARD	BEHAVIOR HEALTH STANDARD
Reason for Use	<ul style="list-style-type: none"> Use is driven by acute medical problem; to promote physical healing 	<ul style="list-style-type: none"> Use is driven by primary behavioral health problem: Unanticipated outburst of severely aggressive or destructive behavior that poses an imminent danger to self/others and non-physical interventions would not be effective. Is not based on individual's restraint or seclusion history or solely on a history of dangerous behavior
Examples	<ul style="list-style-type: none"> Toxic, metabolic or infectious condition-electrolyte imbalance Dementia with co-occurring medical surgical problem Coma, recovery from Traumatic brain injury Acute ETOH/Drug overdose Liver failure, Encephalopathy Post arrest, intubated 	<ul style="list-style-type: none"> Acute Mania Acute Psychosis Dementia when patient is hospitalized to treat the behavior
Initial Order	<ul style="list-style-type: none"> Physician/LIP must be contacted prior to application or immediately following emergency application of restraints Face-to-face assessment by physician/LIP required 	<ul style="list-style-type: none"> Physician must be contacted prior to application or immediately following emergency application of restraints. Face-to-face assessment by physician required within one hour of applying restraints even if restraints are removed within that hour.
Continuing Order	<ul style="list-style-type: none"> Face-to-face assessment by physician/LIP required for subsequent orders Order good for one day from date of current order. 	<ul style="list-style-type: none"> The RN may report the results of most recent assessment and obtain a verbal order for the continuation of restraints for up to 8 hours in adults Each order is good for 4 hours from time of current order Face-to-face assessment by physician/LIP required every 8 hours.
Monitoring of Continued Need	<ul style="list-style-type: none"> On-going throughout the episode of restraint. Assessment required minimally q 2 hrs. Includes assessment of continued need, comfort level, level of distress/agitation, mental status, cognitive functioning, circulation, skin integrity, repositioning/ROM, attention to hydration, elimination and nutritional needs as warranted by condition. The initials of the RN indicates that required assessments were completed and care provided during the specified shift hours. <p>*</p>	<ul style="list-style-type: none"> On-going throughout the episode of restraint: minimally continuously first 15 minutes then every 15 minutes as documented by RN or HCP. Includes documentation of assessment of continued need, comfort level, level of distress/agitation, mental status, cognitive functioning, circulation, skin integrity, re-positioning/ROM, attention to hydration, elimination and nutritional needs The initials of the RN indicates that required assessments were completed and care provided during the specified shift hours.
Nursing Assessment and Documentation Required	<ul style="list-style-type: none"> Documentation on the Restraint Order and Flow Record is required on initiation and q 2 hours throughout episode of restraint use. The documentation includes: behavior exhibited which leads to initial application and/or continued use of restraints, alternatives used, discontinuance of restraints, variations in care provided, patient/family interaction and other information related to restraint use. The plan of care is altered to reflect the use of restraints. 	<ul style="list-style-type: none"> Documentation on the Restraint Order and Flow Record is required on initiation and q 15min while patient is restrained. The documentation includes: behavior exhibited which leads to initial application and/or continued use of restraints, alternatives used, discontinuance of restraints, variations in care provided, patient/family interaction and other information related to restraint use. The plan of care is altered to reflect the use of restraints.
Early Release	<ul style="list-style-type: none"> Every effort should be made to end restraint use at the earliest possible time. The RN may release the patient from restraint at any time during the current order if patient's behavior warrants. A new order is required to reapply restraint if alternative(s) attempted are ineffective or the original behavior/reason for restraint recur. 	<ul style="list-style-type: none"> Every effort is made to end restraint use at the earliest possible time The RN may release the patient from restraint at any time during the current order if patient's behavior warrants. A new order is required prior to application of restraints if alternative(s) attempted are ineffective or if the original behavior /reason for restraint recur.

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