



Restraint and Seclusion

Quick Reference Sheet: Physicians, NP's, PA's

HealthAlliance Hospitals, members of the Westchester Medical Center Health Network (WMCHealth), support a patient's right to be free from seclusion and the use of any restraint. Less intrusive and the least restrictive measures must be considered before the initiation of any restraint. Despite all efforts, restraint may be necessary to protect the patient from injury to himself or others.

As per CMS guidelines, physicians, LMP's and all mid-level practitioners will have a working knowledge of the hospital policy regarding the use of restraints. Seclusion is not used on the Broadway Campus.

Physicians, NP's and PA's, upon appointment and reappointment, will be educated about the policy content via an online *Quick Reference/Overview* and a related quiz, distributed by the Medical Staff and Credentialing Office. Once completed, the quiz will be returned to that office.

See the grid below for guidelines about the use of restraints for violent and nonviolent patients.

Actions needed for the use of restraint or seclusion	<u>Nonviolent Patient</u> Soft restraints, mitts, geri chair, full side rails, Posey enclosure bed	<u>Violent Patient</u> 4-Point Restraint or Chemical Restraint (RASS +4)	Applicable Caregiver
<p>Obtain order from the attending physician/LMP or PA</p> <p>If a patient is transferred from the ED to a nursing unit and physical restraints continue to be needed, a new order for restraints must be obtained by the admitting provider.</p>	<p>An order for restraint must be obtained prior to the application of restraints, except in emergency situations when the need for intervention may occur quickly. In these emergency situations, the order must be obtained either during the emergency application of the restraint, or immediately (within a few minutes, <i>but no longer than 30 minutes</i>) after the restraint has been applied (p.131, NIAHO Guidelines).</p> <p>Telephone orders are acceptable</p> <p><u>PRN orders are permissible only</u> for geri chairs, full side rails and Posey beds for nonviolent patients.</p>	<p>Order will preferably be provided after the practitioner assesses the patient and before initiating restraints.</p> <p>See 4.2.7 above for the exception.</p> <p>A Rapid Response can be called when a patient’s attending physician is not readily available.</p> <p>Telephone orders are acceptable for 4-point physical or chemical restraints but must be authenticated within revise to one hour in the ED or med–surg settings.</p> <p>PRN orders are never accepted.</p> <p>In cases of extreme agitation (RASS 4+) with increased potential for patient or staff harm, the use of a concurrent chemical restraint and holding or physical restraint may be needed, and the orders and justification must be clearly documented. Four-point restraints must be removed as soon as possible after chemical restraint has become effective.</p> <p>Note: The physician/LMP or PA who ordered a restraint for the violent patient by telephone must authenticate the order within 1 hour.</p>	<p>MD/LMP, PA</p> <p>*Once restraints of any type are discontinued, a new order for reapplication must be obtained.</p> <p>Staff cannot discontinue an order and then restart it because that would constitute a PRN order.</p> <p>As noted in the second column to the left, geri chairs, full side rails and Posey beds are the exclusion.</p>

<p>Frequency of order renewal</p>	<p>Every 24 hours while devices are in continual use.</p> <p>Geri chair and full side rail orders do not require renewal once ordered.</p>	<p>All orders for <u>chemical restraints</u> are considered one-time orders. Successive orders qualify as a new one-time order.</p> <p>Renewals for <u>4-point restraints</u> must occur at the following times if restraint is still necessary:</p> <ul style="list-style-type: none"> • Med-surg patients — 4 hours for adults (18 and older) • Med-surg patients — 2 hours for adolescents (9 to 17) <p>Total maximum=24 hours (with a new order for each new episode within the 24 hours). At 24 hours, the patient must have a further assessment by an ordering practitioner to determine the need for continued restraints and to consider alternatives. More than 24 hours of physical or chemical restraints, or seclusion, will be considered “prolonged restraint.” See 1.5 above.</p>	<p>MD/LMP, PA</p>

Actions needed for the use of restraint	<u>Nonviolent Patient</u> soft restraints, mitts, geri chair, side rails, Posey enclosure bed	<u>Violent Patient</u> 4-Point Restraint or Chemical Restraint (RASS +4)	Applicable Caregiver
The patient’s attending physician must be notified when the initial order was not obtained from that attending physician (i.e., a hospitalist provided the restraint order during a Rapid Response, the patient was not admitted to their service)	As soon as possible	As soon as possible	The practitioner who ordered chemical or 4-point restraints, or seclusion, or the RN caring for the patient
Initial face-to-face physical assessment. Not required at Margaretville Hospital (CAH)	Not required	To be completed within one hour. If circumstances prevent one-hour the timeframe from being met, the provider must document in the chart the reason for the delay.	MD/LMP, PA Note: When a PA conducts a <i>one-hour face-to-face</i> assessment, they must contact the patient’s admitting attending physician to provide details of restraint (not applicable if patient is a hospitalist patient).
Ongoing face-to-face physical assessment (not required at Margaretville Hospital)	Minimally, every 24 hours	Minimally, every 24 hours and as necessary, and before a new order is written.	MD/LMP, PA

<p>Assessment:</p> <ul style="list-style-type: none"> • Mental status/level of distress/cognitive functioning • Skin and circulatory status • Respiratory status • Correct application of restraints/any signs of injury associated with the restraint application • Continued need for restraint and assessment for readiness for discontinuation of restraint • Ongoing RASS 	<p>Q 2 hours and follow documentation requirements noted on the <i>Nonviolent Patient Restraint Documentation</i> form</p>	<p>For chemical restraints q 30 mins x2 then q1h x3. Follow prompts and documentation requirements noted on the <i>Chemical Restraint Documentation</i> form.</p> <p>For 4-point restraint: q 15 mins until restraints are discontinued. Follow the prompts and document on the <i>4-Point Restraint and Seclusion</i> monitoring form</p>		<p>RN</p> <p>Ordering practitioner, as required (i.e., initial face to face, with each new order for violent behavior restraints)</p>
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Actions needed for the use of restraint or seclusion	<u>Nonviolent Patient</u> Soft restraints, mitts, geri chair, side rails, Posey enclosure bed	<u>Violent Patient</u> 4-Point Restraint or Chemical Restraint (RASS +4)		Applicable Caregiver
Discontinuation Restraint may only be employed while the unsafe situation continues. Once the unsafe situation ends, the use of restraint (of any type) or seclusion must end.	When the patient is no longer pulling at devices/medical equipment or when those devices are discontinued (i.e., patient is extubated, NG d/c'd. etc.)	As soon as possible and when the situation of the patient's unsafe behavior ends. Attempt to release 4-point restraints at 2 hours		MD, PA, NP or RN *Once discontinued, a new order for reapplication must be obtained. Staff cannot stop and start restraints (=PRN order)