RESTRAINT OR SECLUSION: PROVIDER TRAINING

Purpose of this educational information: Physicians and other Qualified Licensed Providers authorized to order restraint or seclusion by hospital policy, in accordance with State law, must have a working knowledge of the hospital policy regarding the use of restraint or seclusion.

Physician and other QLP training requirements must be specified in hospital policy.

Individuals providing staff training must be qualified as evidenced by education, training, and experience in techniques used to address patients’ behaviors.

Definition of a drug used as a restraint-

- results in restricting the patient’s movement
- NOT being used as a standard treatment for the patient’s medical or psychiatric condition

Criteria for "standard treatment":

- doses/indications must be within pharmaceutical parameters approved by FDA
- follows national practice standards established or recognized by the medical community
- use of the drug is based on the patient’s symptoms, overall clinical situation, and providers’ knowledge of that patient’s expected and actual response to the medication

It is the expectation that the standard use of a drug or medication to treat the patient’s condition enables the patient to more effectively or appropriately function in the world around them than would be possible without the use of the drug or medication.

Examples of orders which could be interpreted as a chemical restraint:

- Doses of a single medication above “usual and customary” amounts for our community’s standard of practice
  - E.g. lorazepam 5mg IV, especially as initial therapy
- Combinations of medications given at the same time (for the same purpose), or with too little time between doses to allow determination of efficacy
  - E.g. haloperidol 5mg and lorazepam 2mg
NOTE:
This does not mean that a larger dose or combination of drugs cannot be used. It is important to protect your patient and yourself by DOCUMENTING why you feel that the dose or combination of medications is warranted.

COMMONLY USED MEDICATIONS AND DOSAGES

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haloperidol</td>
<td>5-10mg po, 2-5mg IM, 0.5-10mg IV</td>
</tr>
<tr>
<td>Olanzapine</td>
<td>5-10mg po, 5-10mg IM</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>1-4mg po, 0.5-2mg IM/IV</td>
</tr>
<tr>
<td>Ziprasdone</td>
<td>20mg po, 10mg IM</td>
</tr>
</tbody>
</table>

Key Points

Medications are used to facilitate the patient’s more functional/appropriate interaction with their environment and not to restrain their movement.

Medications used should fall within standard use and doses as allowed by FDA.

“High” doses or combinations must have documentation as to why they are warranted.

All other rules apply: appropriate form use, nursing monitoring and documentation, etc.
RESTRAINT OR SECLUSION: PROVIDER TRAINING

PROCESS CHANGES FOR PHYSICIANS AND PROVIDERS

No Changes in:

- Restraint/seclusion is for certain behaviors only – interfering with care/treatment or immediate danger to self/others
- Use the least restrictive restraint for the least amount of time
- No PRN or “as needed” orders
- No “trial periods” – behavior either requires restraint or it doesn’t
- Specific timeframes for renewal/continuation

Changes in: Interpretation and processes and forms used

- 2 types of restraint orders instead of one (based on why restraint is needed):
  - Non-violent restraint - requires reassessment and renewal, if indicated, Q24hrs
  - Violent restraint/seclusion – requires reassessment and renewal, if indicated, Q4hrs (ages >18)/Q2hrs (ages 9-17)/Q1hr (ages <9)
- Removal of restraint protocols from all PH facilities – can’t restrain for a “thing” only for “behaviors”
- Removal of vest restraints from all PeaceHealth facilities
<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS mandates that non-violent restraint orders are only good for 24 hours.</td>
<td>Timeframes for non-violent or non-self-destructive patients order renewals 482.13(e)(8)(ii)- hospital can decided, CMS does not define</td>
</tr>
<tr>
<td>I need to get a restraint order because my ICU patient is on continuous rotation on a specialty bed in which all four siderails must be up at all times.</td>
<td>No. If all four siderails are up as part of the specialty function of the bed then it is not considered a restraint.</td>
</tr>
<tr>
<td>If I release the patient from restraints but then they show behavior that requires me to place restraints on again, I can still use that order if it’s within the 24 hour window.</td>
<td>No-there is no trial of release and if you do that, you are now using that like a PRN order- you must obtain a new order.</td>
</tr>
<tr>
<td>The practitioner wrote a restraint order, however the patient is remaining calm and I do not need the order currently. I do not need to do anything with that order.</td>
<td>Yes, you do- technically you are not following the order and the patient does not exhibit behavior that requires restraints- the order needs to be discontinued.</td>
</tr>
<tr>
<td>We must monitor patients in restraints every 2 hours per CMS rules.</td>
<td>CMS and DNV only give timeframes for order length on violent, self-destructive restraints orders-not on monitoring. They do not give specifics around assessing/monitoring/observation.</td>
</tr>
<tr>
<td>I can put a patient in restraints because I know they always tug on lines.</td>
<td>No, you cannot have an order for restraints unless the patient is actually exhibiting those behaviors- not in anticipation of them</td>
</tr>
<tr>
<td>I can’t use one restraint order for a Geri-chair even though the patient is in and out of the Geri-chair.</td>
<td>YES, this is one area where the restraint order can be a valid for use of devices that are utilized more than once per 24 hour. Example; patient may be placed in Geri Chair two or three times per 24 hour period and then bed rails put up and down in accordance with patient movement. Repetitive self-mutilating behavior also allows for this intermittent use of a device. If a patient is diagnosed with a chronic medical or psychiatric condition, such as Lesch-Nyham Syndrome, and the patient engages in repetitive self-mutilating behavior, an order is not required for each application of restraints for these situations.</td>
</tr>
</tbody>
</table>
# RESTRAINT OR SECLUSION: PROVIDER TRAINING

## Non-Violent or Non-Aggressive Patient Restraint Orders

<table>
<thead>
<tr>
<th><strong>MEDICATION AND TREATMENT</strong></th>
<th><strong>PROGRESS NOTES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Duration:</strong></td>
<td>Document behaviors assessed that require restraint use</td>
</tr>
<tr>
<td>- Up to 24 hours</td>
<td></td>
</tr>
</tbody>
</table>

**Rationale/Reason for Restraints:**
- Patient unable to follow safety instructions and:
  - Dislodging invasive lines/tubes/catheters
  - Pulling at dressing and/or medical devices
  - Attempts to get up without assistance while unsafe to do so
- Explain any additional rationale for restraint use in the space to the right

**Restraint Type:**
- Soft (limb and/or mitt)
- Bed enclosure
- Four siderails as restraint
- Other: ____________

**Restraint Location:**
- Wrist
- Right
- Left
- Ankle
- Right
- Left
- Elbow
- Right
- Left
- Hand
- Right
- Left
- Waist

**MD Signature**

**EMR#**

**Date**

**Time**

*PRGORD*  Prog & Orders
### RESTRAINT OR SECLUSION: PROVIDER TRAINING

| Violent or Self Destructive Patient Restraint/Seclusion Orders | 
| --- | --- |
| **MEDICATION AND TREATMENT** | **PROGRESS NOTES** |
| **Duration:** | Document behaviors assessed that require restraint/seclusion use |
| ✓ Ages 18 years and older - within 4 hours | |
| ✓ Ages 9-17 years - within 2 hours | |
| ✓ Less than 9 years - within 1 hour | |
| **Order:** | |
| ✓ Restraint | |
| ✓ Seclusion | |
| **Rationale/Reason for Restraints:** | |
| The patient presents as immediate risk of harm to: | |
| ✓ Self | |
| ✓ Others | |
| **Restraint Type:** | |
| ✓ Locked | |
| ✓ Physical Hold | |
| **Restraint Location:** | |
| ✓ Wrist | ✓ Right | ✓ Left | |
| ✓ Ankle | ✓ Right | ✓ Left | |
| ✓ Elbow | ✓ Right | ✓ Left | |
| ✓ Hand | ✓ Right | ✓ Left | |
| ✓ Waist | |
| **Additional Orders:** | |
| ✓ Psychiatric consultation and liaison Reason: Behavioral Health issues | |

<table>
<thead>
<tr>
<th>MD Signature</th>
<th>EMR#</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

**Patient Identification:**

[Signature]

PeaceHealth Sacred Heart Medical Center

Violent or Self Destructive Patient Restraint/Seclusion Orders

1 of 1
RESTRAINT OR SECLUSION: PROVIDER TRAINING

*PRGORD*    Prog & Orders

Patient Identification:

Nonviolent/Nonaggressive Patient Restraint Orders

1. **Duration:** Up to 24 hours

2. **Rationale/Reason for Restraints:**
   Patient unable to follow safety instructions and:
   - Dislodging invasive lines/tubes/catheters
   - Pulling at dressing and/or medical devices
   - Attempts to get up without assistance while unsafe to do so

3. **Restraint Type:**
   - Soft
   - Bed Enclosure
   - Four side rails as restraint
   - Other: _______________________

4. **Restraint Location:**
   - Wrist □ Right □ Left
   - Ankle □ Right □ Left
   - Elbow □ Right □ Left
   - Hand □ Right □ Left

---

MD Signature    EMR#    Date    Time

PeaceHealth Peace Harbor Medical Center
Nonviolent/Nonaggressive Patient Restraint Orders
1 of 1
RESTRAINT OR SECLUSION: PROVIDER TRAINING

*PRGORD*  Prog & Orders

Patient identification:

Violent or Self-Destructive Patient Restraint-Seclusion Orders

1. Duration of order:
   Ages 18 and older - within 4 hours
   Ages 9-17 years - within 2 hours
   Less than 9 years - within 1 hour

2. Order:
   ☐ Restraint
   ☐ Seclusion

3. Rationale/Reason for Restraints:
   The patient presents an immediate risk of harm to:
   ☐ Self
   ☐ Others

4. Restraint Type
   ☐ Locked
   ☐ Handhold
   ☐ Full body (KGH Only)

5. Restraint Location:
   Wrist ☐ Right ☐ Left
   Ankle ☐ Right ☐ Left
   Upper Arm ☐ Right ☐ Left
   Hand ☐ Right ☐ Left
   Waist ☐

6. Additional Orders:
   ☐ Psychiatric consultation and liaison
   Reason: Behavioral Health Issues

MD Signature  EMR#  Date  Time

PeaceHealth Peace Harbor Medical Center

PeaceHealth Peace Harbor Medical Center
Violent/Self-Destructive Patient Restraint-Seclusion Orders
1 of 1
Please review the Restraints and Seclusion Patient Care Policy. This is a mandatory training and a record of completion will be documented within the Medical Staff Office.

Click here to complete questionnaire.