Restraint and Seclusion

Lesson 1: Objectives

After completion of this course you will be able to:

- Define restraint and seclusion;
- Identify interventions that may be effective in preventing the use of restraint;
- Recognize an accurate order for restraint or seclusion;
- Recall the important elements of monitoring and assessment;
- List documentation requirements;
- Appropriately report and document deaths associated with restraint or seclusion.

Introduction

Every patient should be treated with respect and dignity. Each patient has the right to be free from physical or mental abuse, and corporal punishment. This includes the right to be free from the inappropriate or unnecessary use of restraint or seclusion and to be safe when use of either intervention is necessary. Restraint or seclusion has the potential to produce serious consequences, such as physical or psychological harm, loss of dignity, violation of one's rights, and even death. However, restraint or seclusion is sometimes necessary in clinically justified situations given a healthcare organization's population and clinical services, the current state of knowledge, and availability of effective alternatives. Therefore, it is essential that healthcare professionals be competent in providing care for a patient in restraint or seclusion.

Lesson 2: Restraint and Seclusion Defined

A restraint is:

- Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or
- A drug or medication when it is used as a restriction to manage behavior or restrict freedom of movement and is not a standard treatment or dosage for the patient's condition. A drug or medication used as a standard treatment:
  - Is given within pharmacy parameters set by the Food and Drug Administration (FDA) and manufacturer;
  - Follows national practice standards; and
  - Is given to treat a specific condition based on a patient's symptoms.

Restraint may only be used to ensure the immediate physical safety of a patient, a staff member, or others. The restraint used must be the least restrictive and applied in compliance with safe and appropriate techniques. It is never acceptable to use restraints for discipline, retaliation by staff, coercion, as a substitute for adequate staffing, monitoring, assessment, or investigation of the reasons behind patient behavior. Restraints include, but are not limited to, vest jackets, hard wrist soft limb

restraints, elbow immobilizers, restraint belts, and hand mitts that are pinned or tied down. Mitts that are bulky and prevent the patient from use of their hands are also considered restraints.

A restraint does not include devices, such as orthopedically prescribed devices (slings and casts), surgical dressings or bandages, or protective helmets. A restraint does not include the physical holding of a patient for the purpose of conducting a routine physical examination or test. Therefore, holding a child to give an injection or start an IV is not a restraint. A device's intended use, its application, and/or the identified patient need determines whether the use of a device is considered a restraint. For example, if a patient requests or the physician or other licensed practitioner (LP) orders that all four bedrails be raised to protect the patient from falling out of bed and the patient can show that he or she can lower the side rails and get out of bed safely and appropriately when wanted, the bedrails are not a restraint. The ability of the patient to lower the side rails must be documented. If the patient cannot lower the side rails and the only way to exit is over the rails or out the end of the bed, then the side rails are considered a restraint. The same is true about the use of a geriatric chair the patient cannot exit safely and appropriately on their own. Refer to your organization's policy for what is and is not considered a restraint within your facility.

Age or developmentally appropriate protective safety interventions, such as stroller safety belts, swing safety belts, high chair lap belts, raised crib rails, and crib covers, that a safety-conscious child care provider outside a healthcare setting would use to protect an infant, toddler, or preschool-aged child would not be considered a restraint. A staff member picking up or holding an infant, toddler, or preschool-aged child to comfort the patient is also not considered a restraint. Refer to your organization's policy for use of these safety interventions within your facility.

Forensic devices (such as handcuffs and shackles) that are applied by outside law enforcement officials to patients that are prisoners are not considered restraints. The law enforcement officers who maintain custody and direct supervision of the prisoner (the patient) are responsible for the use, application, and monitoring of these devices. However, the organization is still responsible for providing safe and appropriate care and ensuring the devices are not injuring the patient.

A request from a patient or family member for the application of a restraint is not ample reason for the intervention. Regardless of whether restraint use is voluntary or involuntary, if it is used, then the requirements must be met.

Seclusion is the involuntary confinement of a patient alone in a room or area from which he or she is physically prevented from leaving. Seclusion may only be used for the management of violent and or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others.

Quiz Question:

Restraint may be used: (Select all that apply)

a. For discipline.
b. For retaliation by staff.
c. *For the immediate physical safety of a staff member.
d. For coercion.
e. As a substitute for adequate staffing.
f. *For the immediate physical safety of a patient.
g. As a substitute for monitoring and assessment.
h. As a substitute for investigating the reasons behind a patient's behavior.

Lesson 3: Restraint as a Last Resort

Restraint can only be used as a last resort when less restrictive interventions have been determined to be ineffective. That said, it is not always appropriate for these interventions to be attempted prior to the use of restraint.

Interventions that may be effective in preventing the use of restraint include:

- Management of pain or discomfort;
- Verbal instructions and reality orientation;
- A toileting routine;
- Ensuring food and hydration needs have been met;
- Limiting caffeine intake in the evening;
- Using a sleeve to cover the arm and hide an IV line;
- Consideration of medication changes;
- A quiet environment;
- Soothing music;
- Massage;
- Aromatherapy;
- Lighting changes;
- Activities such as puzzles, movies, television, coloring books, games, or activity books;
- Adjusting the room temperature;
- Ensuring glasses and hearing aids are in use and working;
- Adhering to a patient's routine or the development of a routine;
- Speaking to the patient often, especially while providing care;
- Returning to the patient when agreed upon or visiting with the patient frequently;
- Regular ambulation and exercise;
- Use of a low bed and padded mats;
- Use of movement sensors; and
- Placement of the patient closer the nurse's station.

Lesson 4: Plan of Care

The use of restraint or seclusion must be reflected in a patient's plan of care or treatment plan. The plan should be reviewed and updated within a timeframe specified by your organization.

Lesson 5: Restraint Order

Restraint or seclusion may be ordered by a physician or other licensed practitioner (LP), as permitted by your organization. If the order is not obtained by the attending physician, he or she must be notified as soon as possible, as defined by policy. When the attending physician is unavailable and has delegated responsibility to another physician, the covering physician can be notified.

Patients who are not violent and or self-destructive (sometimes referred to as non-behavioral health) must have an assessment performed and restraint order written, including what restraint device may be used, by a physician or other LP within a timeframe defined by policy. Each order for restraint may be renewed as authorized by policy.

Patients who are violent and or self-destructive (sometimes referred to as behavioral health) must be seen face-to-face within one hour after the initiation of restraint or seclusion by a physician or other LP, or a trained registered nurse (RN), physician assistant (PA), or nurse practitioner (NP) to evaluate the patient's immediate situation, reaction to the intervention, and medical and behavioral condition. The need to continue or end the intervention must also be evaluated. If the evaluation is conducted by an RN, PA, or NP, he or she must consult the attending physician or other LP as soon as possible. The evaluation must be documented in the medical record. If the intervention is discontinued prior to the 1-hour point the evaluation is still required and an order must still be entered into the medical record. Patients who are violent and or self-destructive must have a time limited order for the restraint or seclusion. The order may be renewed in accordance with the following limits for up to a total of 24 hours: 4 hours for adults 18 years of age or older, 2 hours for children and adolescents 9 to 17 years of age; or 1 hour for children under 9 years of age. The physician or other LP has the discretion to write the order for a shorter length of time. After 24 hours, before writing a new order, a physician or other LP must see and assess the patient.

Restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the order. If staff ends an ordered intervention, they have no authority to start it again without the initiation of a new order. However, a temporary release that occurs for the purpose of caring for a patient's needs, for example, toileting, feeding, and range of motion, is not considered a discontinuation of the intervention. Follow your organization's policy for the appropriate discontinuation of restraint or seclusion.

Generally, a restraint order cannot be written as needed (PRN) or as a standing order. A protocol cannot serve as a substitute for obtaining a physician or other LP order before initiating restraint use. However, a protocol may contain information that is helpful for staff, such as how a restraint is to be applied and monitored. The medical

record must include documentation of the assessment, symptoms, and diagnosis that triggered the protocol.

Restraint or seclusion may be initiated before receiving an order in certain situations, such as an emergency, or as determined by your organization's policy. The policy should address this process, including who can initiate the use of restraint and the timeframe in which an order is to be obtained.

Quiz Question:

Restraint must be discontinued at the earliest possible time.

***True** or False

Lesson 6: Monitoring and Assessment

Ongoing assessment and monitoring of the patient's condition by a physician, other LP, or trained staff are crucial for the prevention of injury, death, or adverse event. The appropriate interval for the assessment and monitoring of a patient's needs, such as hydration needs, circulation checks, level of distress and agitation, mental status, cognitive functioning, skin integrity, nutritional needs, range of motion, elimination needs, and other care needs are based on the individual requirements of the patient, his or her condition, and the type of restraint, as defined by policy. The importance of appropriate assessment and monitoring of the patient's physical, emotional, and behavioral condition when restraint is used cannot be overemphasized. Reassessments of the patient's condition are essential to assure that the intervention ends as soon as possible.

Lesson 7: Documentation

It is important to have meticulous documentation when restraint or seclusion is used. When used, the following must be documented in the medical record:

- A description of the patient's behavior and the intervention used;
- Alternatives or less restrictive interventions attempted (as applicable);
- The patient's condition or symptom(s) that warranted the use of the restraint or seclusion; and
- The patient's response to the intervention used, including the need for its continued use.

Additional elements of documentation are specified in your organization's policy.

Quiz Question:

Select the correct statements regarding documentation: (Select all that apply)

When restraint or seclusion is used…

***a description of the patient's behavior and the intervention used must be documented in the medical record.**
***alternatives or less restrictive interventions attempted must be documented in the medical record.**
***the patient's condition or symptom(s) that warranted its use must be documented in the medical record.**
***the patient's response to the intervention used must be documented in the medical record.**

Lesson 8: Simultaneous Use of Restraint and Seclusion

Simultaneous restraint and seclusion use is only permitted if the patient is continually monitored face-to-face by an assigned, trained staff member. If the patient is too dangerous for the staff member to be in the room, it can be done by trained staff using both video and audio equipment. This monitoring must be near the patient.

Lesson 9: Reporting

Healthcare organizations must report certain deaths associated with the use of restraint or seclusion to the Centers for Medicare and Medicaid Services (CMS) Regional Office. This includes:

- Each death that occurs while a patient is in restraint or seclusion.
- Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion.
- Each death known to the organization that occurs within 1 week after restraint or seclusion where it is reasonable to assume that use of restraint or placement in seclusion contributed directly or indirectly to a patient's death. "Reasonable to assume" includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time, or death related to chest compression, restriction of breathing, or asphyxiation.

Each death must be reported to the CMS Regional Office no later than the close of business the next business day following knowledge of the death. The date and time the death was reported to CMS must be documented in the medical record.

When death occurs and only one or two soft wrist restraints were used without seclusion this can be recorded in an internal log instead of reported to CMS. The entry must be made no later than seven days after the death and must include the patient's name, date of birth, date of death, name of attending physician or other LP, medical record number, and primary diagnosis. This information must be made available to CMS immediately upon request. The date and time the death was recorded in the log must also be documented in the medical record.

It is your role to report deaths associated with the use of restraint or seclusion to the designated person(s) within your organization responsible for reporting to CMS or recording in the internal log.

Lesson 10: Conclusion

(NOTE: You may wish to display contact information for the appropriate personnel to contact within your organization.)

Your organization is committed to preventing, reducing, and eliminating the unnecessary use of restraint or seclusion. And it takes your help. If you have questions about restraint or seclusion, contact the appropriate personnel within your organization for guidance and assistance.

Test Questions (10 questions Pre-test or 5 questions Post-test)

Pool 1 (6 or 3 questions)

MULTIPLE CHOICE

1. Restraint has the potential to produce serious consequences such as:
    a. Physical harm.
    b. Psychological harm.
    c. Violation of a patient's rights.
    d. All of the above.

2. A drug or medication used as a standard treatment:
    a. Is given within pharmacy parameters by the FDA and manufacturer.
    b. Follows national practice standards.
    c. Is given to treat a specific condition based on a patient's symptoms.
    d. All of the above.

3. Which of the following is considered a restraint?
    a. A sling.
    b. A protective helmet.
    c. A hand mitt that is tied down.
    d. Raised crib rails.

4. Which of the following should be considered when determining if a device is a restraint:
    a. Its intended use.
    b. Its application.
    c. The need of the patient.
    d. All of the above.

5. Which of the following interventions may be effective in preventing restraint use?
    a. Returning to a patient when agreed upon.
    b. Regular ambulation.
    c. Activities such as puzzles, television, and games.
    d. All of the above.

6. It is acceptable to use restraint for:
    a. Discipline.
    b. Staff safety.
    c. Retaliation by staff.
    d. A substitute to adequate staffing.

7. It is acceptable to use restraint for:
    a. Patient wandering.
    b. A patient getting out of bed without assistance.

c. Patient safety.
d. Patient dementia.

8. Which of the following is considered a restraint in a healthcare organization?
   a. A vest jacket.
   b. A handcuff applied by law enforcement officials.
   c. A cast.
   d. A high-chair lap belt.

Pool 2 (4 or 2 questions)

TRUE/FALSE

9. Restraint is the answer to daily patient challenges such as wandering.

10. Restraint may only be used when less restrictive interventions have been determined to be ineffective.

11. A temporary release from restraint that occurs for the purpose of caring for a patient's needs is considered a discontinuation of the intervention.

12. If a restraint order is not obtained by the attending physician, he or she must be notified as soon as possible.

13. Restraint must be discontinued at the earliest possible time, regardless of the length of time identified in the order.

14. The patient's condition or symptom(s) that justified the use of the restraint must be documented in the medical record.

15. When death occurs and only soft wrist restraints were used this must be reported to the Centers for Medicare and Medicaid Services (CMS) Regional Office.

16. Reassessments of the patient's condition are essential to assure that the restraint ends as soon as possible.

17. It is important to have meticulous documentation when restraint is used.

Restraint

Lesson 1: Objectives

After completion of this course you will be able to:

- Define restraint;
- Identify interventions that may be effective in preventing the use of restraint;
- Recognize an accurate order for restraint;
- Recall the important elements of monitoring and assessment;
- List documentation requirements; and
- Appropriately report and document deaths associated with restraint.

Introduction

Every patient should be treated with respect and dignity. Each patient has the right to be free from physical or mental abuse, and corporal punishment. This includes the right to be free from the inappropriate or unnecessary use of restraint and to be safe when use of the intervention is necessary. Restraint has the potential to produce serious consequences, such as physical or psychological harm, loss of dignity, violation of one's rights, and even death. However, restraint is sometimes necessary in clinically justified situations given a healthcare organization's population and clinical services, the current state of knowledge, and availability of effective alternatives. Therefore, it is essential that healthcare professionals be competent in providing care for a patient in restraint.

Lesson 2: Restraint Defined

A restraint is:

- Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or
- A drug or medication when it is used as a restriction to manage behavior or restrict freedom of movement and is not a standard treatment or dosage for the patient's condition. A drug or medication used as a standard treatment:
  - Is given within pharmacy parameters set by the Food and Drug Administration (FDA) and manufacturer;
  - Follows national practice standards; and
  - Is given to treat a specific condition based on a patient's symptoms.

Restraint may only be used to ensure the immediate physical safety of a patient, a staff member, or others. The restraint used must be the least restrictive and applied in compliance with safe and appropriate techniques. It is never acceptable to use restraint for discipline, retaliation by staff, coercion, as a substitute for adequate staffing, monitoring, assessment, or investigation of the reasons behind patient behavior. Restraints include, but are not limited to, vest jackets, hard wrist soft limb restraints, elbow immobilizers, restraint belts, and hand mitts that are pinned or tied down. Mitts

that are bulky and prevent the patient from use of their hands are also considered restraints.

A restraint does not include devices, such as orthopedically prescribed devices (slings and casts), surgical dressings or bandages, or protective helmets. A restraint does not include the physical holding of a patient for the purpose of conducting a routine physical examination or test. Therefore, holding a child to give an injection or start an IV is not a restraint. A device's intended use, its application, and/or the identified patient need determines whether the use of a device is considered a restraint. For example, if a patient requests or the physician or other licensed practitioner (LP) orders that all four bedrails be raised to protect the patient from falling out of bed and the patient can show that he or she can lower the side rails and get out of bed safely and appropriately when wanted, the bedrails are not a restraint. The ability of the patient to lower the side rails must be documented. If the patient cannot lower the side rails and the only way to exit is over the rails or out the end of the bed, then the side rails are considered a restraint. The same is true about the use of a geriatric chair the patient cannot exit safely and appropriately on their own. Refer to your organization's policy for what is and is not considered a restraint within your facility.

Age or developmentally appropriate protective safety interventions, such as stroller safety belts, swing safety belts, high chair lap belts, raised crib rails, and crib covers, that a safety-conscious child care provider outside a healthcare setting would use to protect an infant, toddler, or preschool-aged child would not be considered a restraint. A staff member picking up or holding an infant, toddler, or preschool-aged child to comfort the patient is also not considered a restraint. Refer to your organization's policy for use of these safety interventions within your facility.

Forensic devices (such as handcuffs and shackles) that are applied by outside law enforcement officials to patients that are prisoners are not considered restraints. The law enforcement officers who maintain custody and direct supervision of the prisoner (the patient) are responsible for the use, application, and monitoring of these devices. However, the organization is still responsible for providing safe and appropriate care and ensuring the devices are not injuring the patient.

A request from a patient or family member for the application of a restraint is not ample reason for the intervention. Regardless of whether restraint use is voluntary or involuntary, if it is used, then the requirements must be met.

Quiz Question:

Restraint may be used: (Select all that apply)

a. For discipline.
b. For retaliation by staff.
c. *For the immediate physical safety of a staff member.
d. For coercion.
e. As a substitute for adequate staffing.

f. ***For the immediate physical safety of a patient.**
g. As a substitute for monitoring and assessment.
h. As a substitute for investigating the reasons behind a patient's behavior.

Lesson 3: Restraint as a Last Resort

Restraint can only be used as a last resort when less restrictive interventions have been determined to be ineffective. That said, it is not always appropriate for these interventions to be attempted prior to the use of restraint.

Interventions that may be effective in preventing the use of restraint include:

- Management of pain or discomfort;
- Verbal instructions and reality orientation;
- A toileting routine;
- Ensuring food and hydration needs have been met;
- Limiting caffeine intake in the evening;
- Using a sleeve to cover the arm and hide an IV line;
- Consideration of medication changes;
- A quiet environment;
- Soothing music;
- Massage;
- Aromatherapy;
- Lighting changes;
- Activities such as puzzles, movies, television, coloring books, games, or activity books;
- Adjusting the room temperature;
- Ensuring glasses and hearing aids are in use and working;
- Adhering to a patient's routine or the development of a routine;
- Speaking to the patient often, especially while providing care;
- Returning to the patient when agreed upon or visiting with the patient frequently;
- Regular ambulation and exercise;
- Use of a low bed and padded mats;
- Use of movement sensors; and
- Placement of the patient closer the nurse's station.

Lesson 4: Plan of Care

The use of restraint must be reflected in a patient's plan of care or treatment plan. The plan should be reviewed and updated within a timeframe specified by your organization.

Lesson 5: Restraint Order

Restraint may be ordered by a physician or other licensed practitioner (LP), as permitted by your organization. If the order is not obtained by the attending physician, he or she must be notified as soon as possible, as defined by policy. When the

attending physician is unavailable and has delegated responsibility to another physician, the covering physician can be notified.

Patients who are not violent and or self-destructive (sometimes referred to as non-behavioral health) must have an assessment performed and restraint order written, including what restraint device may be used, by a physician or other LP within a timeframe defined by policy. Each order for restraint may be renewed as authorized by policy.

Patients who are violent and or self-destructive (sometimes referred to as behavioral health) must be seen face-to-face within one hour after the initiation of restraint or by a physician or other LP, or a trained registered nurse (RN), physician assistant (PA), or nurse practitioner (NP) to evaluate the patient's immediate situation, reaction to the intervention, and medical and behavioral condition. The need to continue or end the intervention must also be evaluated. If the evaluation is conducted by an RN, PA, or NP, he or she must consult the attending physician or other LP as soon as possible. The evaluation must be documented in the medical record. If the intervention is discontinued prior to the 1-hour point the evaluation is still required and an order must still be entered into the medical record. Patients who are violent and or self-destructive must have a time limited order for the restraint. The order may be renewed in accordance with the following limits for up to a total of 24 hours: 4 hours for adults 18 years of age or older, 2 hours for children and adolescents 9 to 17 years of age; or 1 hour for children under 9 years of age. The physician or other LP has the discretion to write the order for a shorter length of time. After 24 hours, before writing a new order, a physician or other LP must see and assess the patient.

Restraint must be discontinued at the earliest possible time, regardless of the length of time identified in the order. If staff ends an ordered intervention, they have no authority to start it again without the initiation of a new order. However, a temporary release that occurs for the purpose of caring for a patient's needs, for example, toileting, feeding, and range of motion, is not considered a discontinuation of the intervention. Follow your organization's policy for the appropriate discontinuation of restraints.

Generally, a restraint order cannot be written as needed (PRN) or as a standing order. A protocol cannot serve as a substitute for obtaining a physician or other LP order before initiating restraint use. However, a protocol may contain information that is helpful for staff, such as how a restraint is to be applied and monitored. The medical record must include documentation of the assessment, symptoms, and diagnosis that triggered the protocol.

Restraint may be initiated before receiving an order in certain situations, such as an emergency, or as determined by your organization's policy. The policy should address this process, including who can initiate the use of restraint and the timeframe in which an order is to be obtained.

Quiz Question:

Restraint must be discontinued at the earliest possible time.

***True** or False

Lesson 6: Monitoring and Assessment

Ongoing assessment and monitoring of the patient's condition by a physician, other LP, or trained staff are crucial for the prevention of injury, death, or adverse event. The appropriate interval for the assessment and monitoring of a patient's needs, such as hydration needs, circulation checks, level of distress and agitation, mental status, cognitive functioning, skin integrity, nutritional needs, range of motion, elimination needs, and other care needs are based on the individual requirements of the patient, his or her condition, and the type of restraint, as defined by policy. The importance of appropriate assessment and monitoring of the patient's physical, emotional, and behavioral condition when restraint is used cannot be overemphasized. Reassessments of the patient's condition are essential to assure that the intervention ends as soon as possible.

Lesson 7: Documentation

It is important to have meticulous documentation when restraint is used. When used, the following must be documented in the medical record:

- A description of the patient's behavior and the intervention used;
- Alternatives or less restrictive interventions attempted (as applicable);
- The patient's condition or symptom(s) that warranted the use of the restraint; and
- The patient's response to the intervention used, including the need for its continued use.

Additional elements of documentation are specified in your organization's policy.

Quiz Question:

Select the correct statements regarding documentation: (Select all that apply)

When restraint is used…

***description of the patient's behavior and the intervention used must be documented in the medical record.**
***alternatives or less restrictive interventions attempted must be documented in the medical record.**
***the patient's condition or symptom(s) that warranted its use must be documented in the medical record.**
***the patient's response to the intervention used must be documented in the medical record.**

Lesson 8: Reporting

Healthcare organizations must report certain deaths associated with the use of restraint to the Centers for Medicare and Medicaid Services (CMS) Regional Office. This includes:

- Each death that occurs while a patient is in restraint.
- Each death that occurs within 24 hours after the patient has been removed from restraint.
- Each death known to the organization that occurs within 1 week after restraint where it is reasonable to assume that use of restraint contributed directly or indirectly to a patient's death. "Reasonable to assume" includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time, or death related to chest compression, restriction of breathing, or asphyxiation.

Each death must be reported to the CMS Regional Office no later than the close of business the next business day following knowledge of the death. The date and time the death was reported to CMS must be documented in the medical record.

When death occurs and only one or two soft wrist restraints were used this can be recorded in an internal log instead of reported to CMS. The entry must be made no later than seven days after the death and must include the patient's name, date of birth, date of death, name of attending physician or other LP, medical record number, and primary diagnosis. This information must be made available to CMS immediately upon request. The date and time the death was recorded in the log must also be documented in the medical record.

It is your role to report deaths associated with the use of restraint to the designated person(s) within your organization responsible for reporting to CMS or recording in the internal log.

Lesson 9: Conclusion

(NOTE: You may wish to display contact information for the appropriate personnel to contact within your organization.)

Your organization is committed to preventing, reducing, and eliminating the unnecessary use of restraint. And it takes your help. If you have questions about restraint, contact the appropriate personnel within your organization for guidance and assistance.

Test Questions (10 questions Pre-test or 5 questions Post-test)

Pool 1 (6 or 3 questions)

MULTIPLE CHOICE

1. Restraint has the potential to produce serious consequences such as:
    a. Physical harm.
    b. Psychological harm.
    c. Violation of a patient's rights.
    d. All of the above.

2. A drug or medication used as a standard treatment:
    a. Is given within pharmacy parameters by the FDA and manufacturer.
    b. Follows national practice standards.
    c. Is given to treat a specific condition based on a patient's symptoms.
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3. Which of the following is considered a restraint?
    a. A sling.
    b. A protective helmet.
    c. A hand mitt that is tied down.
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c. Patient safety.
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8. Which of the following is considered a restraint in a healthcare organization?
   a. A vest jacket.
   b. A handcuff applied by law enforcement officials.
   c. A cast.
   d. A high-chair lap belt.

Pool 2 (4 or 2 questions)

TRUE/FALSE

9. Restraint is the answer to daily patient challenges such as wandering.

10. Restraint may only be used when less restrictive interventions have been determined to be ineffective.

11. A temporary release from restraint that occurs for the purpose of caring for a patient's needs is considered a discontinuation of the intervention.

12. If a restraint order is not obtained by the attending physician, he or she must be notified as soon as possible.

13. Restraint must be discontinued at the earliest possible time, regardless of the length of time identified in the order.

14. The patient's condition or symptom(s) that justified the use of the restraint must be documented in the medical record.

15. When death occurs and only soft wrist restraints were used this must be reported to the Centers for Medicare and Medicaid Services (CMS) Regional Office.

16. Reassessments of the patient's condition are essential to assure that the restraint ends as soon as possible.

17. It is important to have meticulous documentation when restraint is used.

Restraint

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- List documentation requirements; and
- Appropriately report and document deaths associated with restraint.

Introduction

Every patient should be treated with respect and dignity. Each patient has the right to be free from physical or mental abuse, and corporal punishment. This includes the right to be free from the inappropriate or unnecessary use of restraint and to be safe when use of the intervention is necessary. Restraint has the potential to produce serious consequences, such as physical or psychological harm, loss of dignity, violation of one's rights, and even death. However, restraint is sometimes necessary in clinically justified situations given a healthcare organization's population and clinical services, the current state of knowledge, and availability of effective alternatives. Therefore, it is essential that healthcare professionals be competent in providing care for a patient in restraint.

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  - Is given within pharmacy parameters set by the Food and Drug Administration (FDA) and manufacturer;
  - Follows national practice standards; and
  - Is given to treat a specific condition based on a patient's symptoms.

Restraint may only be used to ensure the immediate physical safety of a patient, a staff member, or others. The restraint used must be the least restrictive and applied in compliance with safe and appropriate techniques. It is never acceptable to use restraint for discipline, retaliation by staff, coercion, as a substitute for adequate staffing, monitoring, assessment, or investigation of the reasons behind patient behavior. Restraints include, but are not limited to, vest jackets, hard wrist soft limb restraints, elbow immobilizers, restraint belts, and hand mitts that are pinned or tied down. Mitts

that are bulky and prevent the patient from use of their hands are also considered restraints.

A restraint does not include devices, such as orthopedically prescribed devices (slings and casts), surgical dressings or bandages, or protective helmets. A restraint does not include the physical holding of a patient for the purpose of conducting a routine physical examination or test. Therefore, holding a child to give an injection or start an IV is not a restraint. A device's intended use, its application, and/or the identified patient need determines whether the use of a device is considered a restraint. For example, if a patient requests or the physician or other licensed practitioner (LP) orders that all four bedrails be raised to protect the patient from falling out of bed and the patient can show that he or she can lower the side rails and get out of bed safely and appropriately when wanted, the bedrails are not a restraint. The ability of the patient to lower the side rails must be documented. If the patient cannot lower the side rails and the only way to exit is over the rails or out the end of the bed, then the side rails are considered a restraint. The same is true about the use of a geriatric chair the patient cannot exit safely and appropriately on their own. Refer to your organization's policy for what is and is not considered a restraint within your facility.

Age or developmentally appropriate protective safety interventions, such as stroller safety belts, swing safety belts, high chair lap belts, raised crib rails, and crib covers, that a safety-conscious child care provider outside a healthcare setting would use to protect an infant, toddler, or preschool-aged child would not be considered a restraint. A staff member picking up or holding an infant, toddler, or preschool-aged child to comfort the patient is also not considered a restraint. Refer to your organization's policy for use of these safety interventions within your facility.

Forensic devices (such as handcuffs and shackles) that are applied by outside law enforcement officials to patients that are prisoners are not considered restraints. The law enforcement officers who maintain custody and direct supervision of the prisoner (the patient) are responsible for the use, application, and monitoring of these devices. However, the organization is still responsible for providing safe and appropriate care and ensuring the devices are not injuring the patient.

A request from a patient or family member for the application of a restraint is not ample reason for the intervention. Regardless of whether restraint use is voluntary or involuntary, if it is used, then the requirements must be met.

Quiz Question:

Restraint may be used: (Select all that apply)

a. For discipline.
b. For retaliation by staff.
c. ***For the immediate physical safety of a staff member.**
d. For coercion.
e. As a substitute for adequate staffing.

f. ***For the immediate physical safety of a patient.**
g. As a substitute for monitoring and assessment.
h. As a substitute for investigating the reasons behind a patient's behavior.

Lesson 3: Restraint as a Last Resort

Restraint can only be used as a last resort when less restrictive interventions have been determined to be ineffective. That said, it is not always appropriate for these interventions to be attempted prior to the use of restraint.

Interventions that may be effective in preventing the use of restraint include:

- Management of pain or discomfort;
- Verbal instructions and reality orientation;
- A toileting routine;
- Ensuring food and hydration needs have been met;
- Limiting caffeine intake in the evening;
- Using a sleeve to cover the arm and hide an IV line;
- Consideration of medication changes;
- A quiet environment;
- Soothing music;
- Massage;
- Aromatherapy;
- Lighting changes;
- Activities such as puzzles, movies, television, coloring books, games, or activity books;
- Adjusting the room temperature;
- Ensuring glasses and hearing aids are in use and working;
- Adhering to a patient's routine or the development of a routine;
- Speaking to the patient often, especially while providing care;
- Returning to the patient when agreed upon or visiting with the patient frequently;
- Regular ambulation and exercise;
- Use of a low bed and padded mats;
- Use of movement sensors; and
- Placement of the patient closer the nurse's station.

Lesson 4: Plan of Care

The use of restraint must be reflected in a patient's plan of care or treatment plan. The plan should be reviewed and updated within a timeframe specified by your organization.

Lesson 5: Restraint Order

Restraint may be ordered by a physician or other licensed practitioner (LP), as permitted by your organization. If the order is not obtained by the attending physician, he or she must be notified as soon as possible, as defined by policy. When the

attending physician is unavailable and has delegated responsibility to another physician, the covering physician can be notified.

Patients who are not violent and or self-destructive (sometimes referred to as non-behavioral health) must have an assessment performed and restraint order written, including what restraint device may be used, by a physician or other LP within a timeframe defined by policy. Each order for restraint may be renewed as authorized by policy.

Patients who are violent and or self-destructive (sometimes referred to as behavioral health) must be seen face-to-face within one hour after the initiation of restraint or by a physician or other LP, or a trained registered nurse (RN), physician assistant (PA), or nurse practitioner (NP) to evaluate the patient's immediate situation, reaction to the intervention, and medical and behavioral condition. The need to continue or end the intervention must also be evaluated. If the evaluation is conducted by an RN, PA, or NP, he or she must consult the attending physician or other LP as soon as possible. The evaluation must be documented in the medical record. If the intervention is discontinued prior to the 1-hour point the evaluation is still required and an order must still be entered into the medical record. Patients who are violent and or self-destructive must have a time limited order for the restraint. The order may be renewed in accordance with the following limits for up to a total of 24 hours: 4 hours for adults 18 years of age or older, 2 hours for children and adolescents 9 to 17 years of age; or 1 hour for children under 9 years of age. The physician or other LP has the discretion to write the order for a shorter length of time. After 24 hours, before writing a new order, a physician or other LP must see and assess the patient.

Restraint must be discontinued at the earliest possible time, regardless of the length of time identified in the order. If staff ends an ordered intervention, they have no authority to start it again without the initiation of a new order. However, a temporary release that occurs for the purpose of caring for a patient's needs, for example, toileting, feeding, and range of motion, is not considered a discontinuation of the intervention. Follow your organization's policy for the appropriate discontinuation of restraints.

Generally, a restraint order cannot be written as needed (PRN) or as a standing order. A protocol cannot serve as a substitute for obtaining a physician or other LP order before initiating restraint use. However, a protocol may contain information that is helpful for staff, such as how a restraint is to be applied and monitored. The medical record must include documentation of the assessment, symptoms, and diagnosis that triggered the protocol.

Restraint may be initiated before receiving an order in certain situations, such as an emergency, or as determined by your organization's policy. The policy should address this process, including who can initiate the use of restraint and the timeframe in which an order is to be obtained.

Quiz Question:

Restraint must be discontinued at the earliest possible time.

***True** or False

Lesson 6: Monitoring and Assessment

Ongoing assessment and monitoring of the patient's condition by a physician, other LP, or trained staff are crucial for the prevention of injury, death, or adverse event. The appropriate interval for the assessment and monitoring of a patient's needs, such as hydration needs, circulation checks, level of distress and agitation, mental status, cognitive functioning, skin integrity, nutritional needs, range of motion, elimination needs, and other care needs are based on the individual requirements of the patient, his or her condition, and the type of restraint, as defined by policy. The importance of appropriate assessment and monitoring of the patient's physical, emotional, and behavioral condition when restraint is used cannot be overemphasized. Reassessments of the patient's condition are essential to assure that the intervention ends as soon as possible.

Lesson 7: Documentation

It is important to have meticulous documentation when restraint is used. When used, the following must be documented in the medical record:

- A description of the patient's behavior and the intervention used;
- Alternatives or less restrictive interventions attempted (as applicable);
- The patient's condition or symptom(s) that warranted the use of the restraint; and
- The patient's response to the intervention used, including the need for its continued use.

Additional elements of documentation are specified in your organization's policy.

Quiz Question:

Select the correct statements regarding documentation: (Select all that apply)

When restraint is used…

***description of the patient's behavior and the intervention used must be documented in the medical record.**
***alternatives or less restrictive interventions attempted must be documented in the medical record.**
***the patient's condition or symptom(s) that warranted its use must be documented in the medical record.**
***the patient's response to the intervention used must be documented in the medical record.**

Lesson 8: Reporting

Healthcare organizations must report certain deaths associated with the use of restraint to the Centers for Medicare and Medicaid Services (CMS) Regional Office. This includes:

- Each death that occurs while a patient is in restraint.
- Each death that occurs within 24 hours after the patient has been removed from restraint.
- Each death known to the organization that occurs within 1 week after restraint where it is reasonable to assume that use of restraint contributed directly or indirectly to a patient's death. "Reasonable to assume" includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time, or death related to chest compression, restriction of breathing, or asphyxiation.

Each death must be reported to the CMS Regional Office no later than the close of business the next business day following knowledge of the death. The date and time the death was reported to CMS must be documented in the medical record.

When death occurs and only one or two soft wrist restraints were used this can be recorded in an internal log instead of reported to CMS. The entry must be made no later than seven days after the death and must include the patient's name, date of birth, date of death, name of attending physician or other LP, medical record number, and primary diagnosis. This information must be made available to CMS immediately upon request. The date and time the death was recorded in the log must also be documented in the medical record.

It is your role to report deaths associated with the use of restraint to the designated person(s) within your organization responsible for reporting to CMS or recording in the internal log.

Lesson 9: Conclusion

(NOTE: You may wish to display contact information for the appropriate personnel to contact within your organization.)

Your organization is committed to preventing, reducing, and eliminating the unnecessary use of restraint. And it takes your help. If you have questions about restraint, contact the appropriate personnel within your organization for guidance and assistance.

Test Questions (10 questions Pre-test or 5 questions Post-test)

Pool 1 (6 or 3 questions)

MULTIPLE CHOICE

1. Restraint has the potential to produce serious consequences such as:
    a. Physical harm.
    b. Psychological harm.
    c. Violation of a patient's rights.
    d. All of the above.

2. A drug or medication used as a standard treatment:
    a. Is given within pharmacy parameters by the FDA and manufacturer.
    b. Follows national practice standards.
    c. Is given to treat a specific condition based on a patient's symptoms.
    d. All of the above.

3. Which of the following is considered a restraint?
    a. A sling.
    b. A protective helmet.
    c. A hand mitt that is tied down.
    d. Raised crib rails.

4. Which of the following should be considered when determining if a device is a restraint:
    a. Its intended use.
    b. Its application.
    c. The need of the patient.
    d. All of the above.

5. Which of the following interventions may be effective in preventing restraint use?
    a. Returning to a patient when agreed upon.
    b. Regular ambulation.
    c. Activities such as puzzles, television, and games.
    d. All of the above.

6. It is acceptable to use restraint for:
    a. Discipline.
    b. Staff safety.
    c. Retaliation by staff.
    d. A substitute to adequate staffing.

7. It is acceptable to use restraint for:
    a. Patient wandering.
    b. A patient getting out of bed without assistance.

c. Patient safety.
d. Patient dementia.

8. Which of the following is considered a restraint in a healthcare organization?
   a. A vest jacket.
   b. A handcuff applied by law enforcement officials.
   c. A cast.
   d. A high-chair lap belt.

Pool 2 (4 or 2 questions)

TRUE/FALSE

9. Restraint is the answer to daily patient challenges such as wandering.

10. Restraint may only be used when less restrictive interventions have been determined to be ineffective.

11. A temporary release from restraint that occurs for the purpose of caring for a patient's needs is considered a discontinuation of the intervention.

12. If a restraint order is not obtained by the attending physician, he or she must be notified as soon as possible.

13. Restraint must be discontinued at the earliest possible time, regardless of the length of time identified in the order.

14. The patient's condition or symptom(s) that justified the use of the restraint must be documented in the medical record.

15. When death occurs and only soft wrist restraints were used this must be reported to the Centers for Medicare and Medicaid Services (CMS) Regional Office.

16. Reassessments of the patient's condition are essential to assure that the restraint ends as soon as possible.

17. It is important to have meticulous documentation when restraint is used.