

February 2014

Restraints

Changes in Order Notifications

Recent audits of patients in medical and behavioral restraints have revealed several issues from both a nursing and provider perspective. These include:

- Inconsistent nursing documentation of assessments and interventions for both restraint types
- Nurses not documenting in IView the date/time when restraints were applied and discontinued
- Inconsistent documentation of "methods tried prior to restraint" and other information in the initial section of the IView for either restraint type

These issues prompted a change in order notifications and reminders in the patient record. Following are highlights of the changes, along with general reminders about restraints.

Medical Restraints

Reminder: By definition, a medical restraint is used to prevent removal of tubes, lines, or medical appliances, or injury to operative sites or treatment areas. Intended for non-violent, non-self-destructive patients.

- Name change: Medically Necessary Restraints are **now called Medical Restraints**.
- Provider restraint orders are changing. Effect for nursing: order details will be more specific.
- **New Medical Restraint Task:**
To assure that medical restraint orders are renewed every 24 hours if the patient remains in restraint, a task will be sent to nursing at 23 hours. Nurses will then contact the ordering provider to renew the medical restraint order. If the physician does not respond in a timely manner, follow the order renewal process outlined in [Appendix II](#) of the Restraint Policy.

Behavioral Restraints

Reminder: By definition, a behavioral restraint is used as an emergency measure to maintain safety when there is imminent risk of a patient physically harming him/herself or others. Intended for violent or self-destructive patients.

- Name change: Locked restraints are no longer referred to as locked restraints. They are referred to as Velcro Behavioral restraint.
- Behavioral restraint renewal notification in the EMR goes directly to the provider. Nurses will not receive a reminder task for Behavioral Restraints. This is order renewal process is outlined in [Appendix II](#) of the Restraint Policy

Restraints Q&A

Is a “no-no” considered a restraint?

It depends... Mittens or mitts and “no-nos” that are **not** pinned or tied down or used with wrist restraints are NOT considered a restraint.

Is a mesh bed considered a medical restraint?

It depends. A mesh bed is **not** considered a restraint when the patient meets the following criteria:

- uses a mesh bed or similar device at home,
- is non-ambulatory,
- is developmentally delayed,
- there is a documented safety concern, or
- it is developmentally appropriate for use.

If none of these apply, and the patient requires the mesh bed to stay confined to the bed, then the mesh bed is a medically necessary restraint and its use is governed by the Restraint Policy #359.00. Orders for restraint should be obtained and documentation be completed according to policy.

What happens if I make the phone calls to renew a medical restraint but don't hear back?

Let your charge nurse know. Follow the medical restraints renewal process outlined in the restraint policy. Start with the attending provider. The standard wait time is 10 minutes. If no response, then escalate to the medical director. Wait 10 minutes. If no response, escalate to the division chief. At this point, your obligation to reach a provider for order renewal is fulfilled. See Restraint Policy #359.00, [Appendix II](#) for more details on the renewal process.

Document attempts in the record: "Contacted (provider name) at (time), (provider name) at (time) and (provider name) at (time) to request renewal of medical restraint order. No return calls received as of (time)."

Can we have a standing order or pre-order restraint for certain patients who are at risk or often need them?

No. Standing orders for restraints are not allowed under any circumstances.

Restraints should be ordered only based on a current, individualized patient assessment. There should not be active restraint orders if the patient is not in restraint.

Still have questions?

Refer to [Restraint Policy #359](#) for more information. Or, consult with your clinical educator, supervisor or manager.