

Restraint Update for Medical Staff

March 2023



Why This is Important:

Each year, patients commit suicide in hospitals across the US. In fact, a recent study identified 55 - 85 reports yearly of patient suicide in the hospital or medical facilities within the US. Of those, 4-5 deaths occurred in an Emergency Department. The most common method of suicide was hanging with ligature points of doors, door handles, and door hinges being the most commonly used to accomplish the event. In each of the circumstances, "the method for monitoring patients to ensure their safety before the suicide was poorly documented and could not be reliably determined" (Williams et al., 2018).



Patient Rights

The American Medical Association (AMA) recognizes that individuals have a fundamental right to be free from unreasonable bodily restraint. At times, however, health conditions may result in behavior that puts patients at risk of harming themselves. In such situations, it may be ethically justifiable for physicians to order the use of chemical or physical restraint to protect the patient and others from harm.

Restraints and/or seclusion are only to be used when clinically necessary to improve the patient's well-being when all other available, less restrictive measures have been found to be ineffective to protect the patient, staff, or other individuals. Restraints shall not be used as a means of coercion, discipline, convenience or retaliation by staff. For incapacitated patients, their designated surrogate healthcare decisionmaker must be promptly contacted and informed of the need for restraint and/or seclusion. The ultimate goal is a restraint free environment.

(The Joint Commission E-edition (2022). Chapter: Provision of Care, Treatment and Services. PC.03.05.01 – PC.03.05.19)



Recent Regulatory Findings Related to Restraints

PC.03.05.05 EP 1: During medical record review of three patients placed in **violent** four point restraints, there was **no evidence of an order for the four point restraints as required by hospital policy**, "Restraint and/or Seclusion" dated 2/2022.

PC.03.05.05 EP 4: During medical record review of a patient placed in **violent** four point restraints, there was **no evidence of a renewal order for the four point every 4 hours as required by hospital policy**, "Restraint and/or Seclusion" dated 2/2022. Specifically, on 2/2/23 the patients was placed in 4 point and an order obtained at 10:50, the restraints were discontinued at 23:40 and there was no evidence of any renewal orders. This was confirmed with staff present at the time of review.



Findings Related to Restraints, cont.

PC.03.05.05 EP 5: During medical record review of a patient placed in violent restraints, there was no evidence of an LIP re-evaluation for reordering violent restraints performed every 24hr, as required by hospital policy, "Restraint and/or Seclusion" dated 2/2022. Specifically the patient was in violent restraints from 1/26/23 to 2/3/23 and there was no evidence of LIP re-evaluation for reordering the restraints on 1/28/23, 1/29/23, and 1/31/23.

PC.03.05.15 EP 1: During medical record review of three patients placed in seclusion and/or violent four point restraints, there was no evidence the Licensed Independent Practitioner (LIP) performed a face to face evaluation as required by hospital policy, "Restraint and/or Seclusion" dated 2/2022. In addition, the policy required specific elements to be included in the face to face evaluation and there was no evidence all these elements were reviewed in the other two patients reviewed. Specifically, the type of restraint (four point restraints) were not included in the physician evaluation as well as there was no response to interventions or rationale for continued use. This was confirmed with the staff present at the time of review.



Restraint Order for: Violent or Self Destructive Behavior

LIP Must:

1. Write an Order for Application of a Restraint
2. Perform & document face to face assessment of patient within 1 hour
 - Immediate situation
 - Reaction to intervention
 - Medical & Behavioral condition
 - Need to continue or terminate restraint
3. Reassess Plan of Care every 24 hours



Order for Restraints Violent or Self-Destructive – Mechanical/Medication

Restraints violent or self-destructive adult (age 18 and older) ✓ Accept ✗ Cancel

Frequency: Continuous x 4 hours Continuous x 2 hours After 2 or 4 Hours, a New Order is needed by the Provider

Put the Actual Time that the Restraints were Started

Starting: 2/22/2023 Today Tomorrow

At: 1108

For: 4 Hours Days Weeks

Starting: **Today 1108** Ending: **Today**

ⓘ Restraint type: ☐ Seclusion ☐ Physical Hold for Forced Medication ☐ Enclosed Bed (Lowell Only) ☐ Medication

ⓘ Restraint reason: ☐ Oral Spit Hoods (Lowell Only) ☐ Mechanical Restraint

☐ Danger to self ☐ Danger to others

Choose Restraint Type & Reason

Process Instructions: The duration should not exceed 4 hours except in the inpatient psych units where the duration should not exceed 2 hours. Please...

Comments: + Add Comments

ⓘ Next Required Link Order ✓ Accept ✗ Cancel



Order for Restraint Violent or Self-Destructive – Mechanical 4 Point

Restraints violent or self-destructive adult (age 18 and older)

✓ Accept ✗ Cancel

Frequency:

Continuous x 4 hours

Continuous x 2 hours

Starting

2/17/2023

Today Tomorrow

At

1212

For

4

Hours Days Weeks

Starting: Today 1212 Ending: Today

Restraint type:

☐ Seclusion

☐ Physical Hold for Forced Medication

☐ Enclosed Bed (Lowell Only)

☐ Medication

☐ Oral Spit Hoods (Lowell Only)

☒ Mechanical Restraint (comment on location)

Restraint Location:

2 Point

4 Point

ⓘ Restraint reason:

☐ Danger to self

☐ Danger to others

Process Instructions:

The duration should not exceed 4 hours except in the inpatient psych units where the duration should not exceed 2 hours. Please...

Comments:

+ Add Comments

ⓘ Next Required Link Order

✓ Accept ✗ Cancel



Restraint Face-to-Face Documentation (play video)

The screenshot displays a medical software interface with a top navigation bar containing tabs for Chart Review, Triage, Narrator, Disposition, Orders, MAR, SnapShot, Flowsheets, Notes, FVI, and Demogra... The 'Notes' tab is active. Below the navigation bar, the 'Notes' section has a sub-header with options like New Note, Filter, Load All, Show My Notes, Show Notes by..., My Last Note, Mark All as Not New, Refresh, Legend, Note Editor Settings, and More. A filter dropdown is set to 'All Notes'. Below this, a message states 'No notes shown. All loaded.' with a sort menu showing 'Date', 'Note Type', and 'Service'. The main content area is empty except for a background illustration of an ambulance. On the right, the 'My Note' form is visible, featuring fields for Type (with a red exclamation mark icon), Service (Emergency Med), Date of Service (2/9/2023), and Time (01:59 PM). There is also a checkbox for 'Cosign Required' and a rich text editor with various formatting options. At the bottom right, there are buttons for Refresh, End, Sign, and Cancel.



Restraint for: Violent or Self Destructive Behavior for Nursing

RN Must confirm presence of Order in EMR

In EPIC, you are still able to document even without a Restraint Order. PLEASE make sure that you have a CURRENT order

Each order for a physical restraint or seclusion is limited to

- **4 hours for adults**
- **2 hours for children and adolescents ages 9 to 17**
- **1 hour for patients under 9**

ALL patients in violent restraints for Violence require, at minimum, constant observation

Nursing Observation, Reassessment and Documentation every 15 minutes

Document discontinuation of Restraint

Discontinue Active restraint order when complete

Must Obtain a **NEW** order for each restraint episode



Non-Violent or Non-Self Destructive Restraint

LIP Must:

Write an Order for Application of a Restraint

Complete face to face within 24 hours & document

Reassess Plan of Care each calendar day



Order for Restraint Non-Violent or Non-Self Destructive Orders

Restraints non-violent or non-self destructive ✓ Accept ✗ Cancel

Frequency: **Continuous per episode** → **Non-Violent Restraints are Continuous per the Episode**

Put the Actual Time that the Restraints were Started. →

Starting: 2/22/2023 **Today** **Tomorrow**

At: 1058

For: **Hours** **Days** **Weeks**

Starting: **Today 1058** Ending: **Until Specified**

ⓘ Restraint type: ☒ Full Siderails ☐ Secured mitt (comment on location) ☐ Soft restraint (comment on location)

Choose Restraint Type & Reason

☐ Enclosed Bed ☐ Immobilizer ☐ Chair with Table (Tufts and Lowell Only)

☐ Lap/Waist Belt (Tufts and Lowell Only) ☐ Vest/Jacket (Tufts and Lowell Only)

ⓘ Restraint reason: ☐ Interference with medical treatment ☐ Other (specify)

Process Instructions: **The duration is a single, continuous time period during which a patient is restrained. Please set the start time to be the time the re...**

Comments: [+ Add Comments](#)

Click here for more information on the Restraint, including Provider Face to Face Requirements

ⓘ Next Required [Link Order](#) ✓ Accept ✗ Cancel



Non-Violent or Non-Self Destructive Restraint for Nursing

RN Must confirm presence of Order in EMR.

In EPIC, you are still able to document even without a Restraint order! PLEASE make sure that you have a CURRENT order.

Each order for a restraint is limited per episode

Nursing Observation, Reassessment and Documentation Every 2 hours

Document Discontinuation for Restraint and Discontinue order



New Restraint Log Introduced on Each Patient Care Unit

LGH ALL RESTRAINT (violent or non violent) LOG

Every restraint episode (every restraint order) requires an additional entry onto the log

MONTH:		YEAR:		UNIT:	
MR#	LAST NAME	FIRST NAME	AGE	RESTRAINT TYPE	
[RESTRAINT TYPE = MITTS, LAP BELT, TABLE TOP CHAIR, SIDE RAILS X4, SOFT WRIST, SECURITY 4-POINT, ORAL SPIT HOOD, JACKET, ENCLOSED BED, SECLUSION, PHYSICAL HOLD]					
1					
2					
3					
4					
5					



Restraint Audit Process

1. Charge Nurse ensures patient is entered on log
2. Charge Nurse or designee completes initial audit (Non-violent or Violent)
3. Any discrepancies must be addressed in real time
4. Clinical Leadership completes secondary audit daily during worked hours

LGH NON - VIOLENT RESTRAINT AUDIT

Every restraint episode (every restraint order) requires an additional audit page

Restraint Date:	Restraint Start Time:	MR#:	Charge Audit			Nsg Lead Audit		
			YES	NO	N/A	YES	NO	N/A
1- The order for restraints is present in the EMR, and includes type of restraint and reason for restraint								
2- The order for restraint is continuous per episode, or includes set end time								
3- Documentation of how less restrictive interventions were attempted prior to restraint & rationale for restraint being used								
4- The patient's response to use of restraint & reason for continuation of restraint								
5- Family notification or declination documented								
6- *If pediatric patient, legal guardian notified of restraint & documented								
7- Provider face-to-face assessment documented within 24 hours								
8- There is a provider reassessment documented each calendar day with the plan of care								
9- At least every 2 hours, documentation of reassessment is performed and includes: skin assessment, range of motion, nutrition/hydration status								

LGH VIOLENT/SELF-DESTRUCTIVE RESTRAINT AUDIT

Every restraint episode (every restraint order) requires an additional audit page

Restraint Date:	Restraint Start Time:	MR#:	Charge Audit			Nsg Lead Audit		
			YES	NO	N/A	YES	NO	N/A
1- The order for restraints is present in the EMR, and includes type of restraint and reason for restraint								
2- The order for restraint includes appropriate start & end dates/times (max 4 hours for adults, 2 hours ages 9-17, 1 hour age <9)								
3- Ensure patient is on, at minimum, constant observation & that CO or 1:1 is documented								
4- Documentation of how less restrictive interventions were attempted prior to restraint & rationale for restraint being used								
5-The patient's response to use of restraint & reason for continuation of restraint								
6- Family notification or declination documented								
7- *If pediatric patient, legal guardian notified of restraint & documented								
8- Provider face-to-face assessment documented within 1 hour of restraint initiation, and includes: immediate situation, reaction to intervention,								
9- There is a provider reassessment documented within 24 hours of restraint application that documents patient's plan of care								



LGI VIOLENT/SELF-DESTRUCTIVE RESTRAINT AUDIT

"Every restraint episode (every restraint order) requires an additional audit page"

Restraint Date:	Restraint Start Time	MR#:	Charge Audit			Neg Lead Audit		
			YES	NO	N/A	YES	NO	N/A
1- The order for restraints is present in the EMR, and includes type of restraint and reason for restraint								
2- The order for restraint includes appropriate start & end dates/times (max 4 hours for adults, 2 hours ages 9-17, 1 hour age <9)								
3- Ensure patient is on, at minimum, constant observation & that CO or 1:1 is documented								
4- Documentation of how less restrictive interventions were attempted prior to restraint & rationale for restraint being used								
5- The patient's response to use of restraint & reason for continuation of restraint								
6- Family notification or declination documented								
7- *If pediatric patient, legal guardian notified of restraint & documented								
8- Provider face-to-face assessment documented within 1 hour of restraint initiation, and includes: immediate situation, reaction to								
9- There is a provider reassessment documented within 24 hours of restraint application that documents patient's plan of care								
10- At least every 15 minutes, documentation of reassessment is performed and includes: skin assessment, range of motion, nutrition/hydration status, hygiene/elimination status, restraint								
11- At least every 8 hours, documentation of: patient's behavior and level of distress/agitation, response to restraint, readiness for discontinuation, vital signs as indicated, any signs of injury associated								
12- If patient is in restraint for longer than the order, a new restraint order is placed- and another restraint audit is performed								
13- Date/time of restraint discontinuation documented, with behavior of patient documented								
14- If a patient requires 24 hours of continuous restraints, there is documentation that RN reviews with members of team the plan of care to consider alternatives to restraints								

LIP documentation elements being audited



LGH **NON - VIOLENT** RESTRAINT AUDIT

"Every restraint episode (every restraint order) requires an additional audit page"

Restraint Date:	Restraint Start Time:	MR#:	Charge Audit			Nsg Lead Audit		
			YES	NO	N/A	YES	NO	N/A
1- The order for restraints is present in the EMR, and includes type of restraint and reason for restraint								
2- The order for restraint is continuous per episode, or includes set end time								
3- Documentation of how less restrictive interventions were attempted prior to restraint & rationale for restraint being used								
4- The patient's response to use of restraint & reason for continuation of restraint								
5- Family notification or declination documented								
6- *If pediatric patient, legal guardian notified of restraint & documented								
7- Provider face-to-face assessment documented within 24 hours								
8- There is a provider reassessment documented each calendar day with the plan of care								
9- At least every 2 hours, documentation of reassessment is performed and includes: skin assessment, range of motion, nutrition/hydration status, hygiene/elimination status, restraint discontinuation readiness status								
10- At least every 8 hours, documentation of: patient's behavior and level of distress/agitation, response to restraint, readiness for discontinuation, vital signs as indicated, any signs of injury associated with restraint								
11- Date/time of restraint discontinuation documented, with behavior of patient documented								
12- If restraints are removed and then needed again, a new restraint order is placed- and another restraint audit is performed								
13- If a patient requires 24 hours of continuous restraints, there is documentation that RN reviews with members of team the plan of care to consider alternatives to restraints								

LIP documentation
elements
being audited