

UNIVERSITY OF ROCHESTER MEDICAL CENTER	STRONG MEMORIAL HOSPITAL POLICY	APPROVED BY: Clinical Council
Strong Memorial Hospital	SECTION 10. PATIENT/PUBLIC HEALTH & SAFETY	DATE: 10/2006
	10.2 Restraints (for Non-Behavioral Health Reasons)	PAGE: 1 of 2

Policy

1. Restraint is defined as any physical or mechanical device, pharmacologic agent, material or equipment attached or adjacent to the patient's body, that the patient cannot easily remove, which restricts freedom of movement, physical activity, or normal access to their body. This definition does not include safety devices, supportive devices, medical protective devices or pharmacologic agents used to relieve anxiety, agitation or pain that are not primarily directed at restricting the patient's freedom of movement. Shackles applied by correctional officers are not considered restraints as defined under this policy.
2. The goal of Strong Memorial Hospital is to avoid the use of restraints. Restraints are to be used only after less restrictive alternatives have failed. The least restrictive, safest and most effective method is used based upon an assessment of the patient's clinical situation. Restraints are used only with due consideration to the patient's comfort, rights, and dignity.
3. Prior to implementation of restraint, alternatives to restraints must be considered and documented (e.g., verbal limits, medications as per orders, bed alarms, chair alarms, leg alarms). The cause of falls, wandering, combative behavior, disrupting intravenous lines or other therapeutic measures, etc. must be determined. Attempts must be made to alleviate the cause, not just treat the symptoms with use of restraints. (Frequently seen causes of symptoms listed above are hypoxia, electrolyte imbalance, orthostatic hypotension, medication interactions and reactions, underlying medical illness, discomfort due to pain, need to void, hunger, etc.).
4. New York State regulations require that physical or pharmacologic restraints be used only in limited situations and all restraints require documented physical assessment based on an examination of the patient by a physician or nurse practitioner educated in the use of restraints or by a physician assistant under the supervision of a physician, both educated in the use of restraints. Restraints must be authorized by written order of a physician, a nurse practitioner, or physician assistant after personal examination of the patient, and only for a specified and limited time period. Nurse practitioners and physician assistants must complete an SMH-required competency.

Note: Restraint orders issued for behavioral health reasons in the Department of Psychiatry must be written by physicians.

5. When restraints are applied for behavioral health reasons in nonbehavioral health settings, the behavioral health restraint policy and procedures and documentation guidelines and forms must be followed and used.

Patient Assessment, Orders and Monitoring

New York State regulations require the use of physical or pharmacologic restraints to be limited to those situations which, after personal examination of the patient, are authorized by written order of a physician, nurse practitioner or physician assistant, and are for a specified, limited period of time. Additional SMH policy specifications include the following points:

1. All restraints require documented physical assessment based on an examination of the patient by a physician or nurse practitioner educated in the use of restraints or by a physician assistant under the supervision of a physician, both educated in the use of restraints. The assessment identifies risks associated with vulnerable populations, e.g., emergency, pediatric and cognitively or physically limited patients. A written order specifying the type of restraint to be used must accompany this assessment with a specified limited period of time for use of the restraint. All restraint renewals require a documented patient reassessment with a specified limited period of time for use (time-limited orders). An Interdisciplinary Restraint Order Form (SMH 194), or electronic order set must be used to document the order. SMH Form 763 is used in Psychiatry.
2. PRN orders for restraint are **not** permitted. Orders cannot exceed the following:
 - a) Orders for 4 point restraints cannot exceed eight (8) hours.
 - b) Orders for other than 4 point restraints cannot exceed 24 hours.
 - c) If condition or type of restraint change, a new order form (SMH 194) must be use

At frequent intervals while restraints are in use, the patient's physical needs, comfort and safety will be monitored. An assessment of the patient's condition shall be made at least once every 30 minutes or at more frequent intervals if directed by the ordering practitioner. A Patient Restraint Flow Sheet (SMH 273) or other appropriate flow sheet must be completed to document the assessments. SMH 764 is used in Psychiatry.

4. In an emergency, a restraint may be applied by, or under the supervision and direction of, a registered professional nurse who must document the circumstances requiring the use of a restraint. In such emergencies, the nurse must immediately request an assessment by a physician, nurse practitioner or physician assistant. The practitioner should make every effort to assess the patient within 60 minutes of notification by the nurse. Pending the arrival of the practitioner, the restrained patient must be kept under continual supervision (at least every 30 minute observations or assessments, or more frequently) as warranted by the patient's physical condition and emotional state. The nurse must document behaviors of the patient which required maintaining the restraint until arrival of the practitioner.
5. Whenever possible, the use of restraints should be discussed with the patient and family around the time they are applied.

Patients Transferred to SMH in Restraints

1. For Admission:
All of the above policies apply. The patient should be assessed and restraints ordered as determined appropriate by the admitting physician. The physician, nurse practitioner or physician assistant should make every effort to assess the patient within 60 minutes of notification by the nurse. The patient must be monitored in concert with the above policies to ensure patient safety.
2. For Ambulatory Care:
Patients transferred for ambulatory care and accompanied by a caregiver from the transferring institution will be monitored by the accompanying caregiver in accord with that institution's policies and procedures. In the event that a patient arrives without a designated caregiver, it is the responsibility of SMH staff to assess the patient for comfort and safety and follow monitoring guidelines as noted above based on the type of restraint in use, using SMH Form 273.

Additional Procedures

For more specific procedures, see the Nursing Procedures and Policies Manual. For detailed information regarding Psychiatric patients, see the Department of Psychiatry and the Psychiatric Nursing Policy and Procedure Manuals.

References

Department of Psychiatry Policy and Procedures Manual
Psychiatric Nursing Policies and Procedures Manual ("Seclusion/Modified Seclusion" and "Restraints")
Nursing Procedures and Policies Manual
JCAHO Accreditation Manual for Hospitals
10 NYCRR §405.7

10.2 History

For history prior to 1993 contact the Director's Office, x54601.

- 4/93 Updated title and added references to policy to clarify area covered.
- 12/97 Significantly revised in concert with JCAHO standards. Approved by Clinical Council.
- 10/98 Updated and approved by Clinical Council.
- 5/00 Reviewed and revised by Critical Care, Psychiatry Liaison Service and Policy Management Team.
- 9/00 Revised to include pharmacologic agents; reviewed and approved by Clinical Council.
- 2/01 Revised to include nurse practitioners; reviewed and approved by Clinical Council.
- 4/02 Revised to include physician assistants; approved by the SMH Clinical Council.
- 5/02 Revised and approved by Policy Management Team
- 9/06 Revised by Nursing
- 10/06 Reviewed and approved by Policy Management Team

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I have read and understand SMH Policy 10.2 and understand its contents.

Resident or Fellow Signature

Date

Print Name