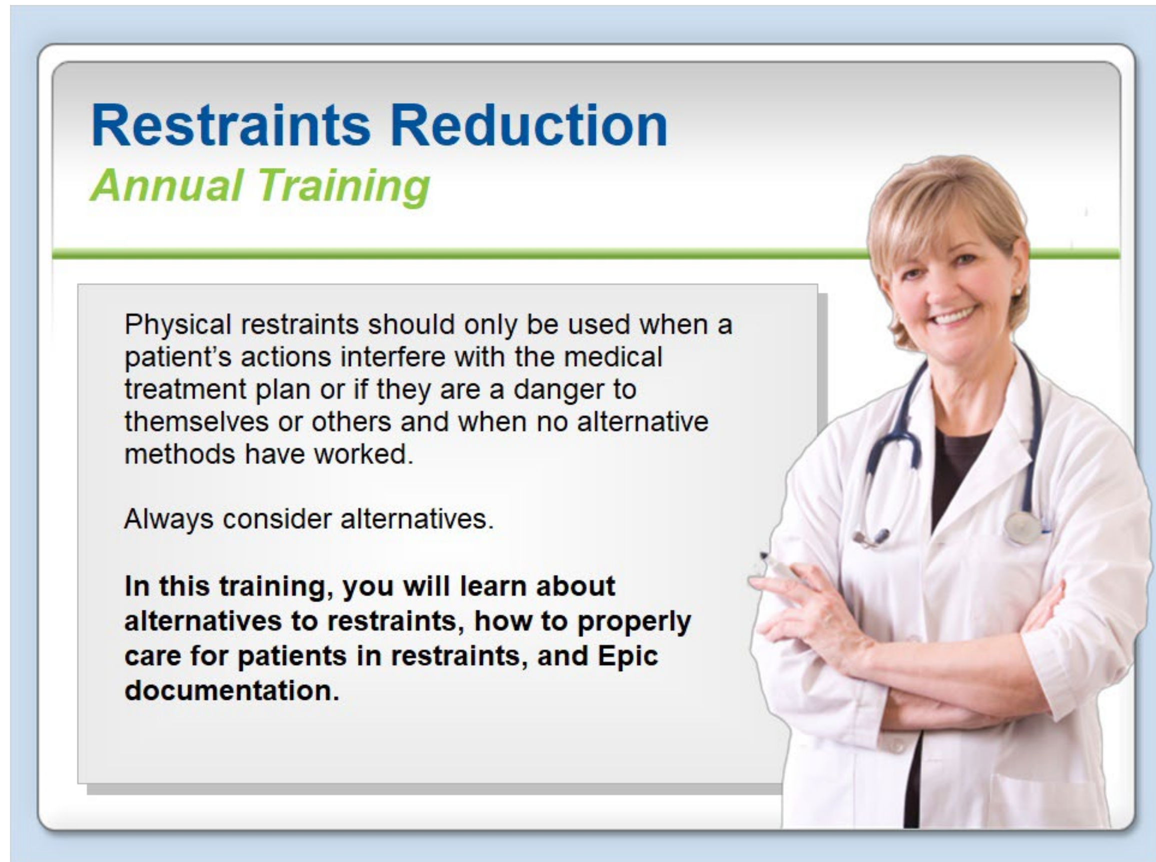
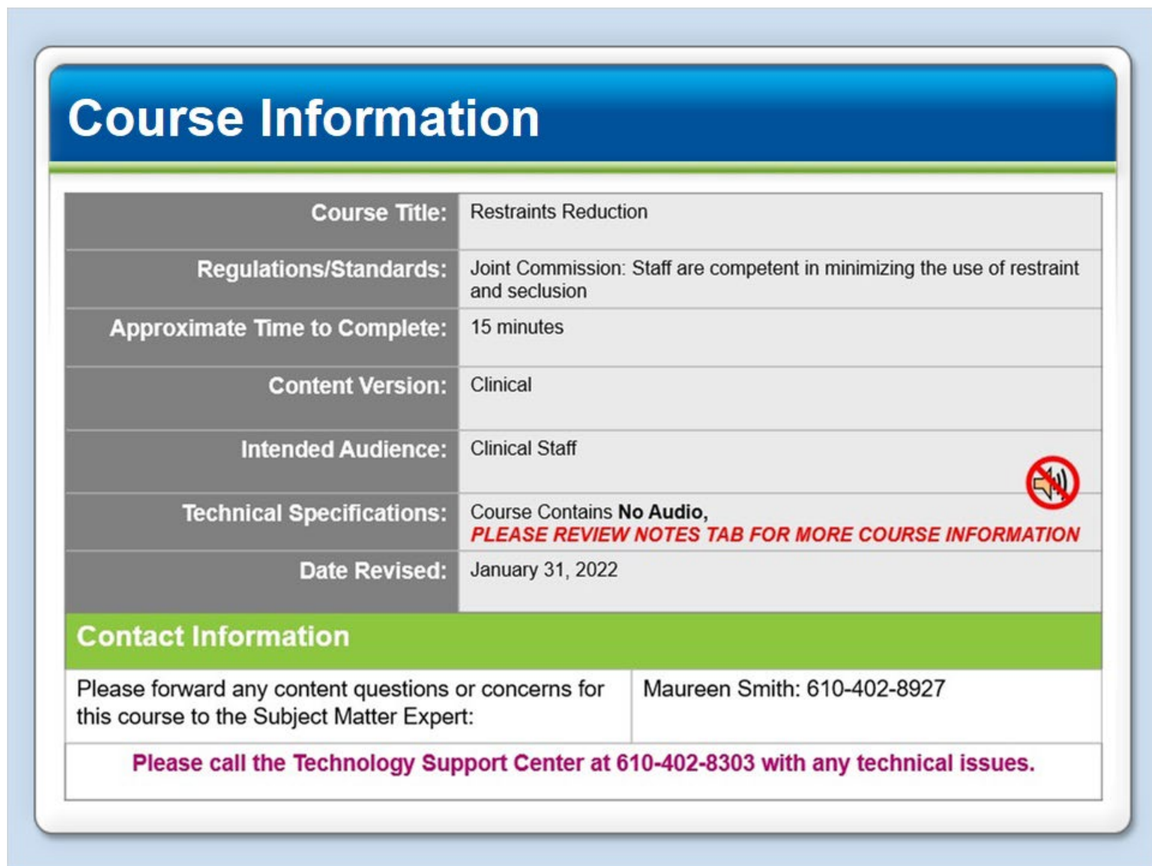
Restraints Training Student

1.1 Restraints Reduction



1.2 Course Information



1.3 Objectives

Objectives

Upon completion of this course, you will be able to:

- Discuss patient care interventions that can serve as alternatives to restraint use
- Describe interventions necessary when caring for a patient in restraints
- Describe findings that should be reported to the patient's clinical team

1.4 Restraints Policies

Restraints Policies

Restraints policies can be found in the Administrative Policy Manual on the LVHN PolicyTech web site:

Restraint for Non Self-Destructive Behavior

- Used to prevent the patient from interfering in the treatment plan or pulling at tubes due to confusion
- 1-3 cloth restraints

Restraint and Seclusion for Violent/Self-Destructive Behavior

- Used to limit patient behavior that may be harmful or dangerous to themselves or others
- Locked restraints
- More than 3 cloth restraints
- Forced Hold
- Forced Physical Escort
- Seclusion of the patient

1.5 Restraints

Restraints

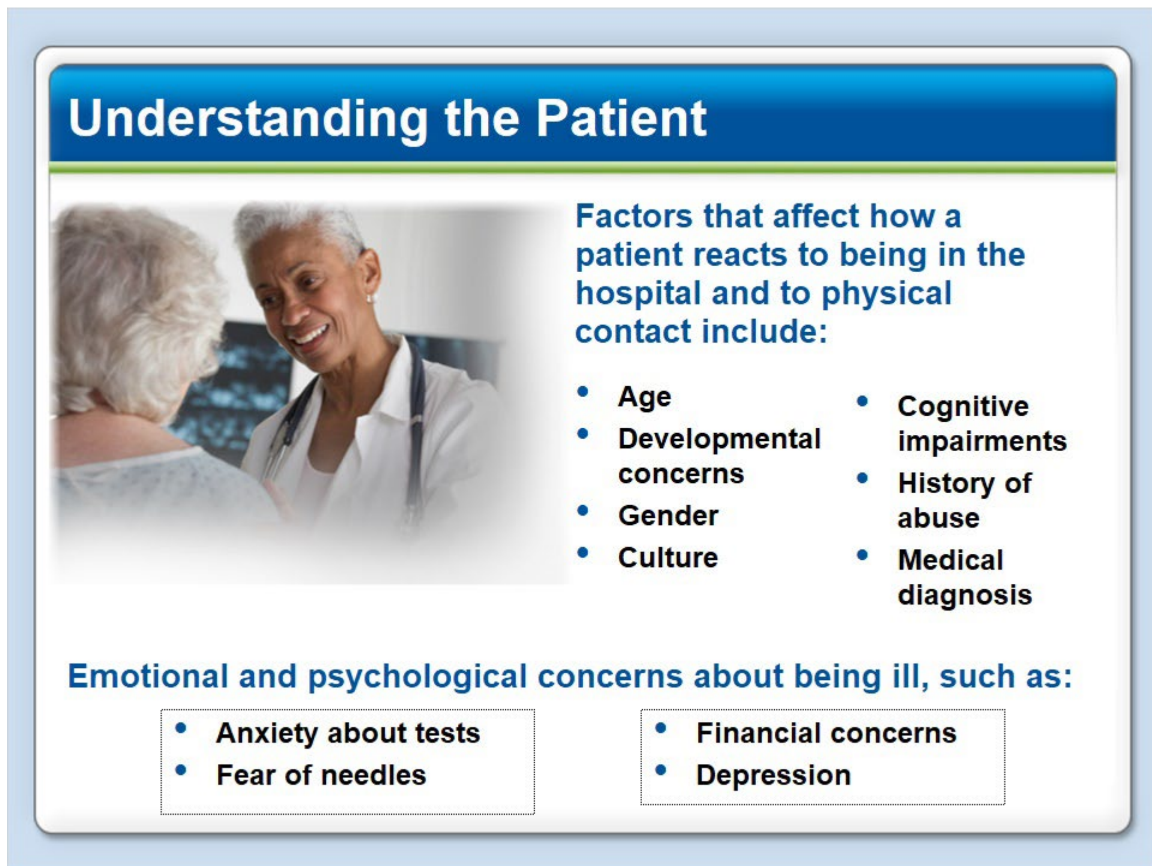
Other Restraints:

- Using more than 3 side rails
- Wedging bed against the wall

NOT Considered Restraints:

- Recliner chairs with trays that can be removed by the patient
- Lap huggers and bed fellow pillows
- Arm boards as part of IV therapy
- Mitts

1.6 Understanding the Patient



1.7 Why Patients Behave the Way They Do

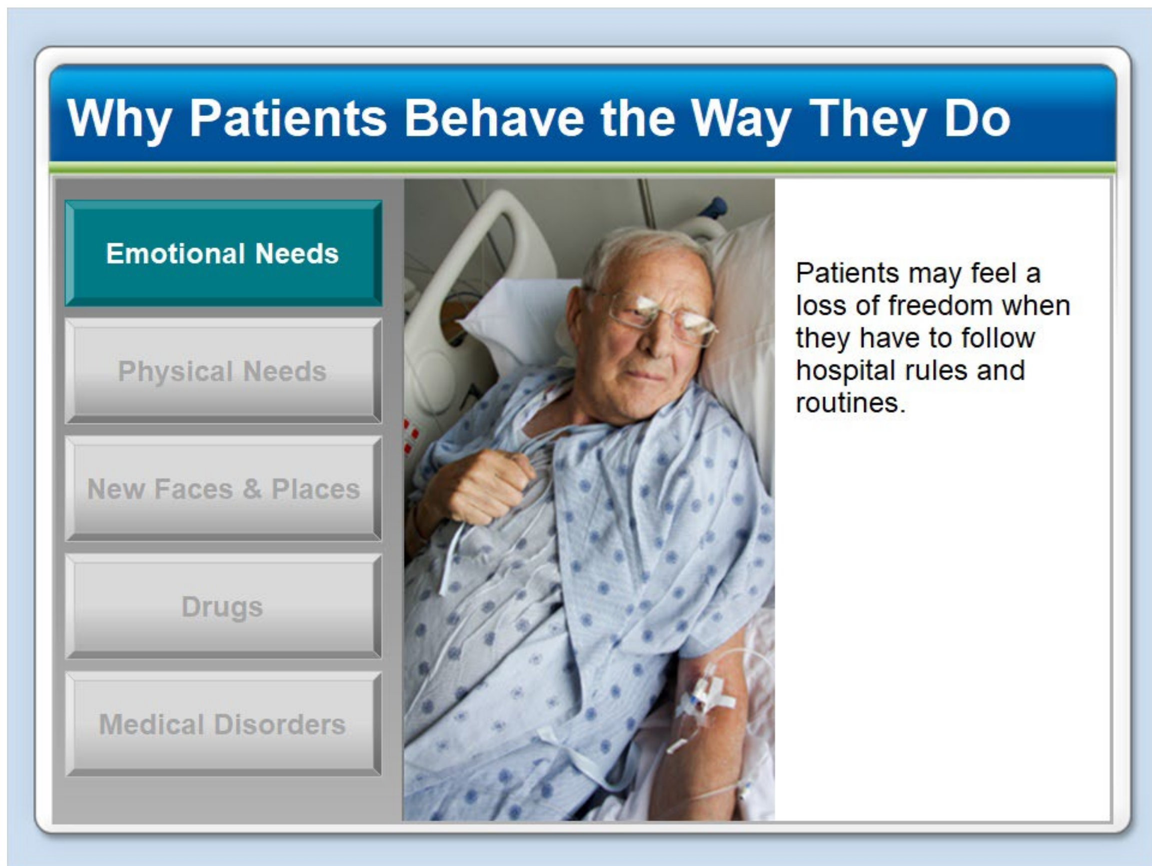
Why Patients Behave the Way They Do

- Emotional Needs
- Physical Needs
- New Faces & Places
- Drugs
- Medical Disorders

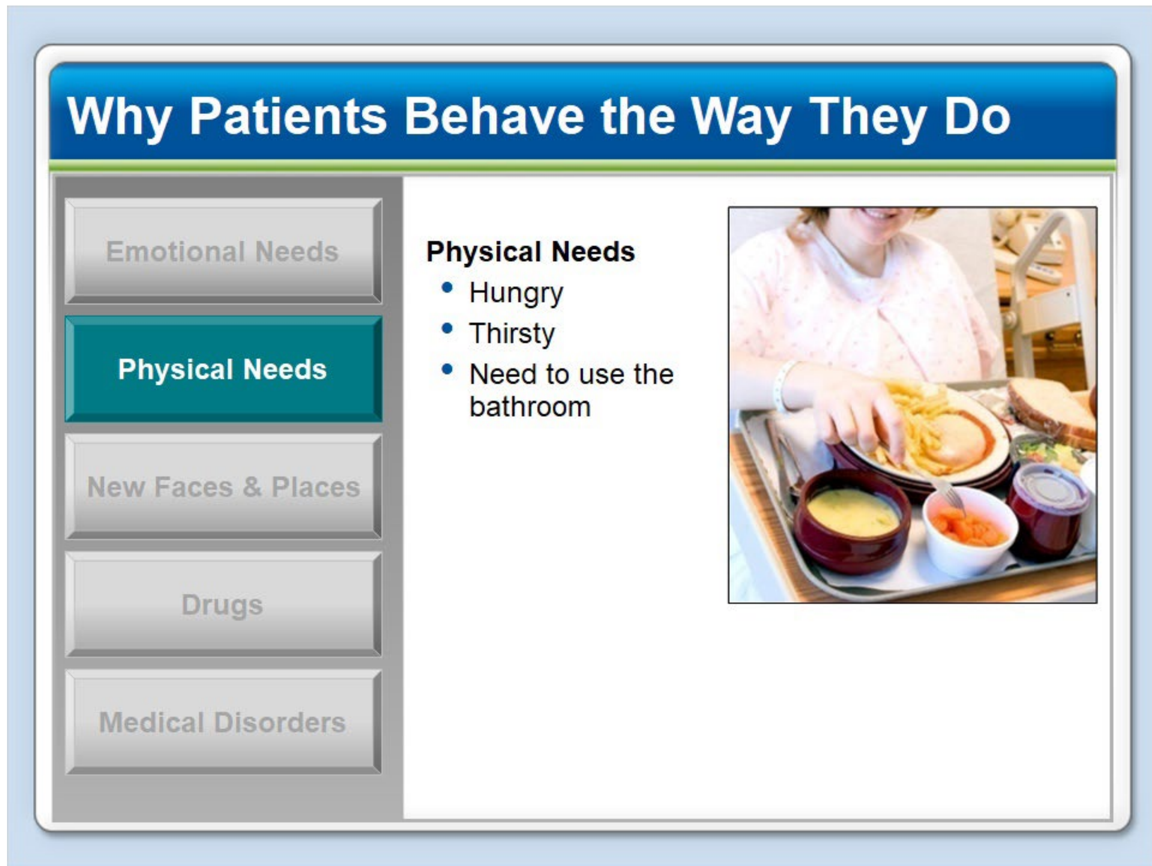
Patients may become upset or restless for many different reasons.

Click the **Next** button to learn more about the reasons why patients behave the way they do.

1.8 Emotional Needs



1.9 Physical Needs



1.10 New Faces and Places

1.11 Drugs

1.12 Why Patients Behave the Way They Do

Why Patients Behave the Way They Do

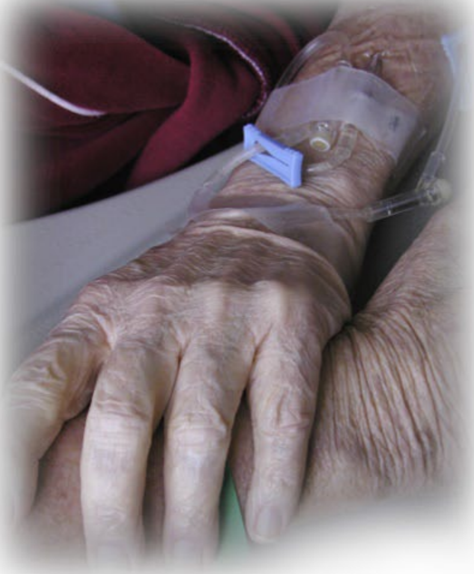
- Emotional Needs
- Physical Needs
- New Faces & Places
- Drugs
- **Medical Disorders**

Address medical problems by:

- Talking to caregivers
- Involving the patient
- Checking the patient often
- Reporting what you observe
- Repositioning the patient

1.13 Medical Equipment and Tubes

Medical Equipment and Tubes



It may be difficult to prevent patients from removing medical equipment or tubes.

Try these solutions:

- Allow family to visit
- Spend time with the patient
- Cover the tubes or equipment

1.14 Communication

Communication

- Don't argue with your patient
- Explain procedures to the patient

1.15 Restraint Alternatives

Restraint Alternatives

Use of restraints should be a last resort!

Restraint Alternatives:

- Attempting to de-escalate patient behavior
- Reassessing the patient's medications
- Keeping the bed in the lowest position
- Using diversionary activities for patients
- Toileting patients every 2-3 hours to prevent incontinence
- Checking patients frequently
- Using bed or chair alarms
- Ensuring that the patient's physical and emotional needs are met
- Problem solving
- Reducing stimulation
- Providing positive reinforcement
- Involving family members

1.16 Helping Wandering Patients

Helping Wandering Patients

Patients who roam around the hospital:

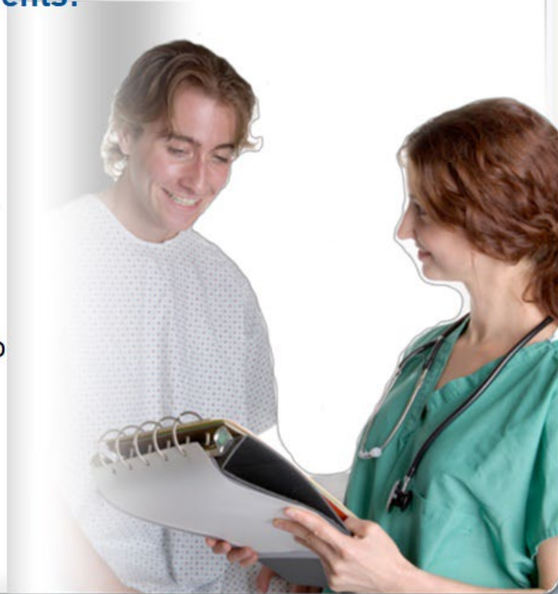
- May not be at risk for getting hurt
- Often are steady on their feet
- Can follow commands
- Are usually always moving

1.17 Helping Wandering Patients

Helping Wandering Patients

Methods to help wandering patients:

- Follow a regular schedule
- Use simple commands to redirect patients back to their rooms
- Call the patient by his name, look directly at him when you talk
- Gain the patient's trust
- Set limits
- Give patients different things to do



1.18 Order for Restraint for Non Self-Destructive Behavior

Order for Restraint for Non Self-Destructive Behavior

- Order for restraints must be obtained as soon as possible following application, **no longer than 1 hour**
- Continuation of restraint order must be obtained every 24 hours

Order for Restraints Must Include:

- Clinical justification for restraint use
- Type of restraint
- Criteria for discontinuation

1.19 Order for Restraint and Seclusion for Violent/Self-Destructive Behavior

Order for Restraint and Seclusion for Violent/Self-Destructive Behavior

- Order for restraints must be obtained as soon as possible following application, **no longer than 1 hour.**

Continuation of Restraints and/or Seclusion for Violent/Self-Destructive orders must be obtained within these time limits

- **Adults** – renewal required every 4 hours
- **Child/adolescent** (9-17 years) – renewal required every 2 hours
- **Child** (under 9 years) – renewal required every hour

Patients in Restraint and Seclusion for Violent/Self-Destructive Behavior must be monitored every **15 minutes**

A provider must conduct face-to-face evaluation every other renewal order.
Anyone in violent restraints MUST BE on arm's length observation.

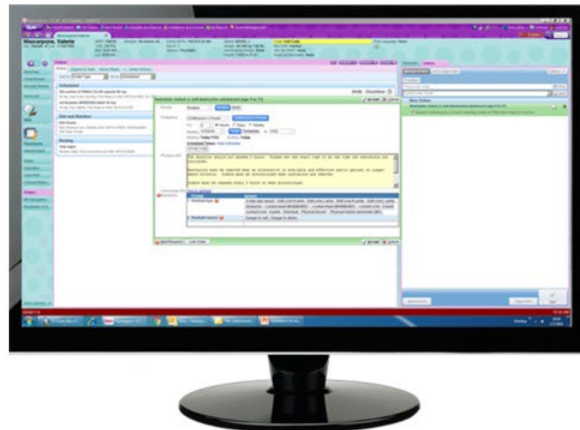
1.20 New Restraint Order

New Restraint Order

If a restraint is removed and then reapplied after a

- Family visit
- Trialing off period

A new order MUST be obtained



1.21 Epic Non-Violent Restraint Documentation

Epic Non-Violent Restraint Documentation

- Type of restraint
- Reason for restraint
- Alternatives attempted
- Criteria for release
- Care provided

Flowsheets

File | Add Rows | Add LDA | Cascade | Add Col | Insert Col | Show Device Data | Last Filed | Reg Doc | Graph | Go to Date | Values By | Refresh | Lege

Adult Patient Profile | Adult PCS (Body Syste... | Vital Signs | Intake/Output | Tech Partner/Nursing ... | Observation Checklist | Non-Violent Restraints

Non-Violent Restrai... | Mode: Accordion | Expanded | View All

Restraint Order
Assessment
Justification
Education
Restraint Monitor...
Restraint Type (...

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1/11/16
1300

Restraint Order
Length of Order
Order Upon Application
Face to Face
Assessment
Less Restrictive Alternative
Justification
Clinical Justification
Education
Discontinuation Criteria
Criteria Explained
Patient's Response
Family Notification
Restraint Care Plan
Restraint Monitoring Every 2 Hours
Visual Check
Circulation
Range of Motion
Fluids
Food/Meal
Elimination
Restraint Type (NV)
4 Side Rails Raised (NV)
Soft Limb R Wrist (NV)
Soft Limb L Wrist (NV)
Soft Limb R Ankle (NV)
Soft Limb L Ankle (NV)
Pediatric No-No R Arm (NV)
Pediatric No-No L Arm (NV)

1.22 Epic Violent Restraint Documentation

Epic Violent Restraint Documentation

- Type of restraint
- Reason for restraint
- Alternatives attempted
- Criteria for release
- Care provided

1.23 Discontinuing Restraints

Discontinuing Restraints

Restraints may be discontinued:

- Based on assessment by either RN or Licensed Independent Practitioner
- If patient no longer exhibits the behavior that caused the need for restraints

Once the patient's restraints are discontinued, the order in the computer must be discontinued immediately.

1.24 Staff Responsibilities

Staff Responsibilities

- Document the behavior that required restraints
- Document alternatives attempted
- Document care
  - Fluids
  - Range of motion
  - Toileting
- Obtain a physician order immediately after initiation, no longer than one hour.

1.25 Providing Quality Care

Providing Quality Care

Check patients with non-self-destructive restraints at least every 2 hours:

- Offer fluids every 2 hours if appropriate
- Offer toileting every 2 hours
- Remove the restraint every 2 hours and provide exercise and skin care

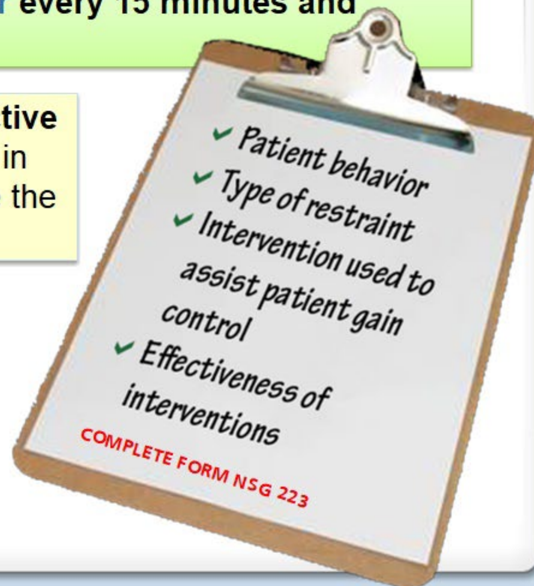
Other patient care needs:

- Emotional needs
- Physical needs
- Dignity and well-being

1.26 Providing Quality Care

Providing Quality Care

Check patients with restraint and/or seclusion for violent/self-destructive behavior every 15 minutes and document:



A patient in violent self-destructive restraints must have someone in attendance at all times to observe the patient and assure safety.

Other patient care needs:

- Offer fluids
- Offer toileting every 2 hours
- Remove the restraint every 2 hours and provide exercise and skin care

1.27 Providing Care

Providing Care

Notify the RN of signs of distress or changes in the patient's condition:

- Difficulty breathing or complaints of shortness of breath
- Change in color of the restrained extremity
- Change in temperature of the restrained extremity
- Decrease in level of consciousness
- Change in patient vital signs:
  - Increased heart rate
  - Increased or decreased respiratory rate
  - Elevated blood pressure

1.28 Restraints

Restraints

Physical restraints should only be used when patients are a danger to themselves or others and when no other method will work. We must protect the patient's rights and well-being.

- Patients have right to take part in their care
- Cover the restraints
- Have the patient wear clothing

1.29 Test Your Knowledge

Review of Objectives

You should be able to:

- Discuss patient care interventions that can serve as alternatives to restraint use
- Describe interventions necessary when caring for a patient in restraints
- Describe findings that should be reported to the patient's clinical team