

Restraints

- **Provider should order Restraints before application**
- **In case of emergency and nursing applies restraints, provider should put in order as soon as contacted (no longer than 1 hour after restraints are applied)**
 - In the emergency cases, the physician should still place the order. Verbal and telephone order should be minimal.
- **Restraint order should contain type of restraint and any alternatives that were attempted before resulting to restraint use.**
- Type of restraint can be violent or non-violent based on the behavior and/or needs of the patient.
 - **Violent**
 - Danger of self-harm or harm to others. Examples: a patient swinging, punching, kicking.
 - On violent restraints make sure the order is age appropriate (8 & younger, 1 hour, 9-17 is 2 hours, 18 & up is 4 hours).
 - The provider or a BH specially trained nurse must do a face-to-face evaluation within one hour of restraint placement. Note: In epic, there is a formatted smart phrase (in notes, type .restraint
 - **Orders should be renewed before the prior order ends if restraint is still needed.**
 - **DO NOT LET THE ORDER CONTINUE IF THEY ARE REMOVED FROM RESTRAINTS, ORDER MUST BE DISCONTINUED.**
 - **Non-Violent**
 - Interfering with medical equipment or treatment. Examples: pulling tubes out, pulling lines, pulling dressings off.
 - Order is good for 24 hours on non-violent restraints.
 - **New order should be placed before the prior order expires.**
 - **DO NOT LET THE ORDER CONTINUE IF THEY ARE REMOVED FROM RESTRAINTS, ORDER MUST BE DISCONTINUED.**
- **Providers should be including in their progress notes if a patient is in restraints and what the plan is to get the out of restraints.**
- **ICU**
 - RESTRAINTS ARE REVIEWED AND DISCUSSED AT MULTIDISCIPLINARY ROUNDS DAILY REGARDLESS OF WHEN THE RESTRAINTS WERE ORDERED. Renew orders when discussed if necessary.
- **Read and be familiar with restraint policy.**
- **The Provider is responsible for restraint ordering, documentation, and discontinuing restraints.**
- **The Provider is also responsible for creating a plan to get the patient out of restraints as soon as it is safe to do so.**
- **DO NOT USE RESTRAINTS TO PREVENT FALLS**