

**SUMMARY
RESTRAINT/SECLUSION MANAGEMENT**

	Non Violent Restraint	Violent Restraint / Seclusion
Physician/AHP Notification	The Physician or LIP must order restraint prior to restraining the patient	<ul style="list-style-type: none"> The Physician or LIP must order restraint prior to restraining the patient During an emergency situation, if the physician or LIP is not immediately available to give the order, the RN may initiate restraints based on patient assessment results. A verbal or telephone order is obtained from the physician or LIP during the emergency restraint application or immediately (within minutes) after the restraint was applied.
Orders	Physician/AHP orders must include: <ul style="list-style-type: none"> Clinical justification(reason for restraint), Type of restraint Number & type of extremities to be restrained Duration(time frame) for restraint application Criteria for release 	Physician / AHP orders must include: <ul style="list-style-type: none"> Behavioral clinical justification Type of restraint (including limbs restrained) and/or seclusion Number & type of extremities to be restrained Duration (time frame) for restraint application based on time limits (see below) Criteria for release
Applies to both Non Violent & Violent Restraint	The need for restraint or seclusion is explained to the patient and behavior needed to prevent and or release from restraint is discussed. The Attending Physician must be consulted. 482.13(e)(7)	
Order Renewal	The order for continued use of restraint or seclusion after the first 24 hours is based upon the Physician or LIP's daily examination of the patient (no less often than once every 24 hours by a Physician or LIP)	Must be renewed in accordance with the following limits: <ul style="list-style-type: none"> 4 hours for adults 18 years of age or older 2 hours for children and adolescents 9 to 17 years of age; or 1 hour for children under 9 years of age May be renewed within the required time limits for up to a total of 24 consecutive hours At the end of the time frame, if continued use of restraint or seclusion to manage violent or self-destructive behavior is deemed necessary based on individualized patient assessment, another order is required. An RN must contact the physician or other LIP, report the results of his/her most recent assessment & recommend that the original order be renewed not to exceed the time limits.
Patient Assessment	RN must assess every one (1) hour (HUH policy) following the initiation of the intervention	Physician or LIP must conduct a face-to-face evaluation within one (1) hour of the initiation of the restraint or seclusion intervention by a trained Physician or LIP. The same procedure also applies when a drug or medication is used as a restraint to manage violent self-destructive behavior. Documentation in the medical record must include: <ul style="list-style-type: none"> Face-to-face medical and behavioral evaluation (within one hour) An evaluation of the patient's immediate situation The patient's reaction to the intervention The patient's medical and behavioral condition The need to continue or terminate the restraint or seclusion
Documentation Applies to both Non Violent & Violent Restraint	Documentation in the patient's medical record must include the following: <ul style="list-style-type: none"> Description of steps or interventions used prior to use of restraints or seclusion Use of less restrictive measures (Alternatives or other less restrictive interventions) tried or considered as applicable to the situation On-going assessments that support the need for use of restraint or seclusion If the restraint or seclusion is lengthy, evidence that symptoms necessitating use of restraint or seclusion have persisted Evaluation whether or not Restraint or Seclusion can be safely discontinued A description of the patient's behavior and response to intervention used; The patient's condition or symptom(s) that warranted the continued use of restraint; and, The patient's response to the intervention(s) used, including the rationale for continued use of the intervention or release from restraint Patient's plan of care or treatment plan 1 hour face to face medical & behavioral evaluation for violent or self-destructive behavior Patients' behavior in descriptive terms, detailed description of the patient's physical & mental status assessments & any environmental factors that may have contributed to the situation at the time of intervention Renewal or new order authorizing continued use of Restraint or Seclusion, must document the findings of the re-evaluation supporting continued use 	
Discontinuing Restraint Applies to both Non Violent & Violent	Restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the order. When the patient no longer meets the criteria for which the restraint was ordered, the Registered Nurse will contact the physician for an order to discontinue the restraint per scope of practice.	