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**Nursing Policy: R-45**  
LSUHSC-Shreveport, LA

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## RESTRAINT APPLICATION

**Policy:** To provide staff guidelines for appropriate and safe restraint device application procedures.

1. **Physician's Order (Restraint Labels)**

The physician shall complete either of the following:

**Exception:** The nurse completes if it is a verbal order as per hospital policy, then the physician signs.

A. Physician's Orders (SN 1138)

B. The Restraint Order for the Nonviolent Medical-Surgical Patient (SN 1221), a pre-printed white half sheet label.

C. The Restraint Order for the Medical-Surgical Patient with Severely Aggressive or Destructive Behavior (SN 1283), a pre-printed yellow half sheet label.

**Note:** A physician's order shall be obtained prior to application of restraints except in **emergency situations** as defined in Hospital Policy, Restraints: 5.15.

2. **Qualified Staff**

Only qualified staff shall apply restraints as defined in Hospital Policy 5.15.

3. **Nursing Documentation**

If a non-violent patient is restrained, the RN, RN Applicant, or LPN shall document on the Restraint Flowsheet for Nonviolent Patients (SN 1143) or on the Nurse Flowsheet.

For the Severely Aggressive or Destructive Behavior, the RN, RN Applicant or LPN shall document on the Behavioral Health Restraint/Seclusion Flowsheet for Severely Aggressive/Violent Patients (SN 6670).

4. **See Hospital Policy 5.15: Restraints for the following:**

Policy Application

Devices /situations Excluded From Requirements

Definitions

Guidelines for Restraints in Emergency Situation

Least Restrictive Restraint Devices

Staff Education

Patient/Family Education

- Reporting Adverse Events
5. **See Hospital Policy 5.15.2: Restraint of the Non-Violent patient for the following:**
    - MD Orders
    - Documentation
    - Restraint labels
    - Maximum Time Frames for MD orders
    - Assessment/reassessment
    - Protocols for patients leaving the unit/floor
    - Restraint termination
  6. **See Policy 5.15.1: Behavioral Health Disorder – Unanticipated Severely Aggressive Patient for the following:**
    - MD Orders
    - Documentation
    - Restraint labels
    - Maximum time frames for MD orders
    - Assessment/reassessment
    - Protocols for patients leaving the unit/floor
    - Restraint termination
  7. **See Psychiatry Unit Specific Policy 9.11**  
The Psychiatry Unit Specific Policy shall be followed for patients housed on the Psychiatry Unit.
  8. **Manufacturer’s Instructions**  
Staff shall follow manufacturer’s instructions for restraint application.  
*See Nursing Operating Equipment Manual: Restraint Application*

The following list contains the various types of restraints:

- a. vest-style body holder
- b. roll belt (body holder)
- c. wrap around body holder
- d. soft limb holders
- e. mittens (adult and pediatric)
- f. pediatric elbow restraint
- g. infant soft limb holder
- h. Neoprene Cuff Key lock
- i. Neoprene Cuff

**References:**

Hospital Policy 5.15: Restraints  
 Hospital Policy 5.15.1: Behavioral Health Disorder – Unanticipated Severely Aggressive Patient  
 Hospital Policy 5.15.2: Restraint of the Non-Violent patient.  
 Nursing Operating Equipment Manual: Restraint Application  
 The Joint Commission Standards

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