

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER -
SHREVEPORT

**RESTRAINT OF THE BEHAVIORAL HEALTH DISORDER – UNANTICIPATED
SEVERELY AGGRESSIVE PATIENT**

Purpose:

To provide guidelines regarding appropriate use of restraints for patients displaying unanticipated severely aggressive or destructive behavior that places the patient(s) or others in imminent danger. Refer to Policy 5.15 for general restraint information.

Policy:

A. PHYSICIAN Orders

1. A physician's order shall be obtained prior to application of restraints **except** in emergency situations as defined by Hospital Policy 5.15. Section "E". No restraints shall be ordered unless the physician, after personally observing and examining the patient, is clinically satisfied that the use of restraints is justified.
2. The order for restraint/seclusion shall be documented on the Physician's Orders (SN 1138) by use of a restraint label (SN1283), stamp, or by handwriting. Restraints shall not be ordered PRN or as standing orders. The physician who orders the restraints and/or the RN that obtains a verbal/telephone order in an emergency shall document the following:
 - a. date and time of order
 - b. type of restraint
 - c. clinical reason for restraint
 - d. restraint time frame (Refer to section 3 for time frame guidelines)
 - e. behavioral guidelines for early release of restraints if different from that listed in policy

- f. monitoring requirements, if more restrictive than hospital policy
 - g. signature of ordering physician
 - h. For a verbal order in compliance with Verbal Order Policy 6.13, the name of the individual who gave the order and who accepted it. The verbal order shall be read back to the physician.
3. Maximum Time frames
- a. Each order for restraint used for the management of violent or self destructive behavior, may only be renewed in accordance with the following limits for up to a total of 24 hours:
 - 1) four (4) hours for adults 18 or older
 - 2) two (2) hours for 9-17 year olds
 - 3) one (1) hour for patients less than 9 years of age
 - 4) The physician may order for the RN to reassess the patient to determine if restraint is still necessary. If this is ordered, refer to section "3b" below.
 - b. If the physician orders restraints, the RN or other qualified licensed staff may renew the original order in the same time increments listed in section "3a" above. This means when the original order is about to expire, the qualified licensed staff member shall telephone the physician, report the results of his/her most recent assessment, and request that the original order be renewed for another time period not to exceed the time frames listed in section "3a". The RN would enter this as a verbal order in the medical record, ensuring all components of section "A2" are met. The physician shall sign the verbal orders when he/she conducts the face-to face reassessment. Reevaluation by the physician, RN, or other licensed staff determines the need for continued restraint use.
 - c. The physician must conduct a face-to-face reassessment of the continued need for restraint after 24 hours from the original order.

4. Guidelines for Emergency Situations:
 - a. Refer to Hospital Policy 5.15 Section “E” for additional guidelines.
 - b. In emergency application situations, the order (a verbal order is acceptable) must be obtained either during the emergency application, or immediately (within a few minutes) after the restraint has been applied.
 - c. In an emergency, the physician must personally examine the patient, supply staff with guidance in identifying ways to help the patient regain control in order for restraint to be discontinued, evaluate the need for restraint, and sign the restraint order within one (1) hour after restraint initiation.
 - d. If the patient is no longer in restraint when an original verbal order expires, the physician still must conduct an in-person evaluation of the individual within one (1) hour of the initiation of restraint, and sign the restraint order.
- B. The patient’s treating physician shall be notified as soon as possible if another physician orders restraints. Consultation with the “treating” physician must follow each order as soon as possible. The “treating” physician is the physician who is primarily responsible for the management and care of the patient (i.e. physician from the patient’s primary medical team).
- C. When the patient with a behavioral health disorder is awaiting transfer to a psychiatric bed/unit, the transfer is accomplished as rapidly as possible. If the patient is in restraint, emergency department staff or medical/surgical services staff, collaborate with psychiatric staff, to ensure appropriate evaluation of the patient until transfer occurs. The physician shall review with the staff the physical & psychological status of the patient, determine whether restraint should be continued, supply staff with guidance in identifying ways to help the patient regain control in order for restraints to be discontinued, and supply staff with a restraint order.
- D. Assessment/Reassessment

1. The RN shall modify the Plan of Care to reflect monitoring/care required for patients in restraints.
 2. The patient requires continuous in-person observation by a trained and competent staff member as well as every 15 minutes reassessments/documentation.
 - a. If the patient is in a physical hold, a second staff person is assigned to observe the patient.
 - b. The patient is assessed and assisted at the initiation of restraint and every 15 minutes thereafter. The RN/LPN performs and documents this assessment which includes, as appropriate to the type of restraint employed:
 - 1) signs of any injury associated with the application of restraint,
 - 2) nutrition/hydration,
 - 3) circulation and range of motion in the extremities,
 - 4) hygiene and elimination,
 - 5) physical and psychological status and comfort
 - 6) readiness for discontinuation of restraint,
 - 7) vital signs as appropriate to the diagnosis, treatment and health status, and,
 - 8) qualified RN's provide assistance to patients in meeting behavior criteria for the discontinuation of restraints.
 - c. An RN, physician, or other qualified licensed staff member performs reevaluation every 4 hours for adults, every 2 hours for patients 9-17 years and every 1 hour for children under 9 years. The purpose of this reevaluation is to determine the efficacy of the patient's treatment plan and to work with the patient to identify ways to help him/her to regain control of behavior. Reevaluation of the patient determines if the behavior that precipitated the use of restraints is still present or if the restraints can be discontinued.
- E. Protocols for Restrained Patients Leaving the Unit/Floor
1. If a patient in restraints needs to leave the floor/unit for a test/procedure, they leave the unit as close to the time of the

procedure/test as possible and are accompanied by appropriately trained staff.

2. A minimum of a RN/LPN shall remain with the violent/severely aggressive patients who are restrained while they are off the unit.

Exception: Based on a patient assessment, an RN may allow a qualified psychiatric aide accompanied by University Police to transport the patient to the psychiatric unit.

F. Restraint Termination

1. Restriction of patient movement or activity by restraints shall be terminated at the earliest possible time. This shall be based on observation and assessment that determines that the patient no longer needs the restraint to protect self or others or behavioral guidelines ordered by the physician have been met and documented.
2. The physician or RN or other qualified licensed personnel makes the decision to terminate restraint use.
3. When restraint/seclusion is terminated prior to the expiration of the order, a new order must be obtained prior to reapplying the restraints.



Administrator

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Date

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