SECLUSION AND RESTRAINTS

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OBJECTIVES

AT THE END OF THE PRESENTATION, THE PARTICIPANT WILL BE ABLE TO:

- DEFINE SECLUSION AND RESTRAINT
- IDENTIFY AT LEAST 4 TYPES OF RESTRAINTS
- IDENTIFY AT LEAST 4 POTENTIAL EFFECTS ASSOCIATED WITH RESTRAINTS
- IDENTIFY AT LEAST 3 SPECIAL CONSIDERATIONS BEFORE PLACING PATIENTS IN SECLUSION OR RESTRAINTS
- IDENTIFY AT LEAST 5 WARNING SIGNS OF NEGATIVE RESPONSES TO RESTRAINT EPISODES
SECLUSION DEFINITION

**SECLUSION:** INVOLUNTARY CONFINEMENT OF A PATIENT ALONE IN A ROOM OR AREA FROM WHICH THE PATIENT IS PHYSICALLY PREVENTED FROM LEAVING.
Seclusion is not just confining a patient to an area, but involuntarily confining the patient alone in a room or area where the patient is physically prevented from leaving.

If a patient is restricted to a room alone and staff is physically intervening to prevent the patient from leaving the room or giving the perception that threatens the patient with physical intervention if the patient attempts to leave the room, the room is considered locked, whether the door is actually locked or not.
RESTRRAINT DEFINITION

- RESTRAINT—PHYSICAL: ANY MANUAL METHOD, PHYSICAL OR MECHANICAL DEVICE, MATERIAL, OR EQUIPMENT THAT IMMOBILIZES OR REDUCES THE ABILITY OF THE PATIENT TO MOVE HIS/HER ARMS, LEGS, BODY OR HEAD FREELY.
RESTRAINTS

- Under this definition, commonly used hospital devices and other practices could meet the definition of a restraint, such as:
  - Tucking a patient’s sheets in so tightly that the patient cannot move.
  - Tilting a Geri-chair and propping so that the chair cannot be returned to sitting position.
DEFINITIONS (CONT’D)

- RESTRAINTS—CHEMICAL: A DRUG OR MEDICATION WHEN IT IS USED AS A RESTRICTION TO MANAGE THE PATIENT’S BEHAVIOR OR RESTRICT THE PATIENT’S FREEDOM OF MOVEMENT, WHICH IS NOT INCLUDED AS A PART OF THE THERAPEUTIC REGIMEN RELATED TO THE PATIENT’S DIAGNOSIS, NEEDS AND CONDITION OR IS NOT A STANDARD TREATMENT OR DOSAGE FOR THE PATIENT’S CONDITION.
DEFINITIONS (CONT’D)

- PHYSICAL HOLD: APPLYING FORCE TO PHYSICALLY HOLD A PATIENT IN ORDER TO ADMINISTER MEDICATION AGAINST THEIR WILL. IT IS CONSIDERED A RESTRAINT. A COURT ORDER FOR MEDICATION ONLY REMOVES THE PATIENT’S RIGHT TO REFUSE MEDICATION.

- TIMEOUT: AN INTERVENTION IN WHICH A PATIENT CONSENTS TO BEING ALONE IN AN AREA FOR A SPECIFIC TIMEFRAME. THE PATIENT IS NOT PREVENTED FROM LEAVING THE AREA IF THEY SO Chooses, THEREFORE IT IS NOT SECLUSION.
TYPES OF RESTRAINTS

- Wrist/Ankle Restraints
- Waist Restraints
- Hand Mitts
- Physical Holds
- Geri Chairs
- Side Rails (when used to prevent exit from bed)
- Net Bed
- Lap Buddies
- Seatbelts
- Merrywalker
WHAT'S NOT A RESTRAINT?

- ORTHO DEVICES
- SIDE RAILS (IF USED FOR FALL PREVENTION)
- SURGICAL DRESSINGS/BANDAGES
- PROTECTIVE HELMETS
- PHYSICAL ESCORT (TO ASSIST PATIENT WITH UNSTEADY GAIT GET FROM POINT A TO POINT B)
PSYCHOLOGICAL EFFECTS

- AGITATION
- FEAR
- COMBATIVENESS
- ANGER
- SENSORY DEPRIVATION
- DEMORALIZATION
- NEGATIVE SELF IMAGE
- RE-TRAUMATIZED
- CONFUSION
- DEPRESSION
- REGRESSION
- RESISTANCE
- LONELINESS
- FUNCTIONAL DECLINE
PHYSIOLOGICAL EFFECTS

- Thrombophlebitis
- Cardiac stress
- Dehydration
- Fractures
- Incontinence
- Skin tears
- Dislocated joints
- Loss of strength
- Decreased ROM
- Circulation problems
- Pneumonia
- Potential nerve damage
- Pressure ulcers
REGULATORY REQUIREMENTS
CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)
REGULATORY REQUIREMENTS

- ALL PATIENTS HAVE THE RIGHT TO BE FREE FROM PHYSICAL OR MENTAL ABUSE, AND CORPORAL PUNISHMENT.
- ALL PATIENTS HAVE THE RIGHT TO BE FREE FROM RESTRAINT OR SECLUSION, OF ANY FORM, IMPOSED AS A MEANS OF COERCION, DISCIPLINE, CONVENIENCE, OR RETALIATION BY STAFF.
REGULATORY REQUIREMENTS

- Restraint or seclusion may only be imposed to ensure immediate physical safety of the patient, a staff member, or others and **must** be discontinued at the earliest possible time.

- Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient, a staff member, and others from harm.
REGULATORY REQUIREMENTS

- The type of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the patient, a staff member, or others from harm.

- Restraint or seclusion **MUST** be discontinued at the earliest possible time, **regardless** of the length of time identified in the order.

*High vest or waist restraints will not be used*
REGULATORY REQUIREMENTS
THE JOINT COMMISSION
REGULATORY REQUIREMENTS

- THE HOSPITAL USES RESTRAINT OR SECLUSION ONLY WHEN IT CAN BE CLINICALLY JUSTIFIED OR WHEN WARRANTED BY PATIENT BEHAVIOR THAT THREATENS THE PHYSICAL SAFETY OF THE PATIENT, STAFF, OR OTHERS.
- THE HOSPITAL USES RESTRAINT OR SECLUSION ONLY TO PROTECT THE IMMEDIATE PHYSICAL SAFETY OF THE PATIENT, STAFF, OR OTHERS.
REGULATORY REQUIREMENTS

- The hospital does not use restraint or seclusion as a means of coercion, discipline, convenience, or staff retaliation.
- The hospital uses restraint or seclusion only when less restrictive interventions are ineffective.
- If a patient can only communicate with his/her hands, the patient’s hands need to be released periodically to enable the patient to communicate needs.
REGULATORY REQUIREMENTS

- THE HOSPITAL DISCONTINUES RESTRAINT OR SECLUSION AT THE EARLIEST POSSIBLE TIME, REGARDLESS OF THE SCHEDULED EXPIRATION OF THE ORDER.
- THE HOSPITAL IMPLEMENTS RESTRAINT OR SECLUSION USING SAFE TECHNIQUES IDENTIFIED BY THE HOSPITAL’S P&P IN ACCORDANCE WITH LAWS AND REGULATIONS.
THE USE OF RESTRAINT AND SECLUSION IS IN ACCORDANCE WITH A WRITTEN MODIFICATION TO THE PATIENT’S PLAN OF CARE.

A PHYSICIAN, CLINICAL PSYCHOLOGIST, OR OTHER LIP PRIMARILY RESPONSIBLE FOR THE PATIENT’S ONGOING CARE ORDERS THE USE OF RESTRAINT OR SECLUSION IN ACCORDANCE WITH HOSPITAL POLICY, LAW, AND REGULATIONS.
REGULATORY REQUIREMENTS

- The hospital does not use standing orders or PRN orders for restraint and seclusion.
- The attending physician or clinical psychologist is consulted as soon as possible, if he or she did not order the restraint or seclusion.
TIMEFRAMES

UNLESS SUPERSEDED BY STATE LAW THAT IS MORE RESTRICTIVE:

- **4 HOURS FOR ADULTS 18 YEARS OF AGE OR OLDER**
- **2 HOURS FOR CHILDREN AND ADOLESCENTS 9 TO 17 YEARS OF AGE**
- **1 HOUR FOR CHILDREN UNDER 9 YEARS**
ADDITIONAL REQUIREMENTS

- WHEN RESTRAINT OR SECLUSION IS USED FOR THE MANAGEMENT OF VIOLENT OR SELF-DESTRUCTIVE BEHAVIOR THE PATIENT MUST BE SEEN FACE-TO-FACE WITHIN 1 HOUR AFTER INITIATION OF THE INTERVENTION.

- AFTER 24 HOURS, BEFORE WRITING A NEW ORDER, A PHYSICIAN OR OTHER LIP RESPONSIBLE FOR THE CARE OF THE PATIENT MUST SEE AND ASSESS THE PATIENT.
1 HOUR FACE-TO-FACE

- Conducted within one hour of initiating seclusion or restraint.

- Conducted by: physician, LIP, or RN or PA who has been trained in accordance with regulatory requirements.
CARE/MONITORING/DOCUMENTATION

- Q 15 MIN CHECKS (RESTRAINT FLOWSHEET)
- VITAL SIGNS
- RESPIRATORY STATUS
- CIRCULATORY STATUS
- SKIN INTEGRITY
- VASCULAR CHECKS
- SENSATION
- BEHAVIORS
- NUTRITION
- HYDRATION Q 2 HOURS
- ROM Q 4 HOURS

RN INITIATES AND DISCONTINUES DOCUMENTATION ON FLOW SHEET
CARE/MONITORING/DOCUMENTATION

- 1 HOUR FACE-TO-FACE
- RE-ASSESSMENT TO DETERMINE CONTINUED NEED FOR SECLUSION AND/OR RESTRAINTS
- RN DOCUMENTATION Q 2 HOURS AND MORE FREQUENTLY AS NEEDED
- 1:1 IF SECLUDED AND RESTRAINED SIMULTANEOUSLY
- CONSTANT VIDEO AND AUDIO MONITORING FOR SECLUSION
WARNING SIGNS OF DISTRESS

- Shortness of Breath/Respiratory Distress
- Changes in Level of Consciousness
- Excited Delirium
- C/O Chest Pain
- Cardiac Arrest
- Cyanosis: Circumoral, Nailbeds, Limbs
- Seizures
- Disfigured Limb/Joint
- Bleeding

Terminate restraints immediately for S/S Physiologic Distress
RESTRAINT ALERTS

- Use caution with seizure prone patients
- Use caution with pregnant patients
- Avoid excessive weight on patients and ensure airway maintained to prevent positional asphyxia
- Never restrain in prone position
- Be aware of S/S of excited delirium
- Terminate restraints immediately if there are indications of negative physical changes
NON-VIOLENT RESTRAINTS

- ASSESSMENT OF PATIENT TO DETERMINE NEED
- DOCUMENT ALTERNATIVES ATTEMPTED
- DOCUMENT NEED TO IMPLEMENT RESTRAINT
- OBTAIN RESTRAINT ORDER: TYPE OF RESTRAINT, CLINICAL REASON FOR RESTRAINT
- MUST BE RE-ORDERED EVERY 24 HOURS
NON-VIOLENT RESTRAINTS (CONTINUED)

- Notify family of need for restraint (if applicable)
- Update patient's plan of care to include use of restraints
- Document assessment and continued need for restraint daily
- RN assessment and documentation Q 2 hours: VS, respiratory and circulatory status, skin integrity, behaviors, hydration, readiness for discontinuation, etc.
- Range of motion Q 4 hours; hydration offered Q 2 hours
Questions
REFERENCES

- St. Vincent’s East Policy: 651-Care of the patient-Restraints.
- The Joint Commission Standards. 2009. PC.03.05.01-PC.03.05.19.