Objective:
- To provide an overview of the basics of restraint usage.
- To provide guidance regarding alternative strategies for restraint utilization.

Relevant Policies:
- TUH-ADMIN-950.2068: Use of Restraint
- TUHE-111A.000: Use of Seclusion and Restraint in Behavioral Health

Tutorial:
The Hospitals of the Temple University Health System (TUHS) strive to create and maintain a safe environment for patients and staff. Every effort is made to reduce restraint use whenever possible. Prior to applying a restraint, alternatives should be attempted. When restraint use is necessary, the patient shall be restrained in the least restrictive manner possible and for the shortest period of time. Restraint devices may only be applied to ensure the immediate physical safety of the patient and/or staff.

Restraint is 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. A drug or medication may be considered a restraint when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and the medication not a standard treatment or dosage for the patient's condition.

Types of restraints utilized may include, but are not limited to:
- Soft limb restraints
- Geri Chair with locked tray
- Elevation of all 4 side rails, if used to restrict the patient’s freedom to exit the bed
- Arm splints
- Neoprene limb restraints
- Lap belt, if patient is unable to release
- Hand mitts

Restraint Alternatives are interventions used to address the patient's behavior or actions without the use of restraints. Non-physical interventions are the first choice as alternatives to restraint and seclusion, unless safety issues demand an immediate physical response. Prior to initiating restraint, alternatives must be considered/attempted and documented.

Examples (list not inclusive) of restraint alternatives are:
- Having family stay with patient
- Distraction (i.e. reading, watching television, listening to music)
- Reorienting patient to room/area
- Providing frequent patient checks.

The following are considered to be protective devices and not restraints:
- Adaptive support devices in response to assessed patient need for postural support, orthopedic appliances, helmets, utilization of four side rails on specialty beds during implementation of respiratory/percussion mode.
GUIDELINES FOR USE

MEDICAL SURGICAL (Non-violent/non self-destructive):

- An order for restraint is obtained prior to use. Orders may NEVER be PRN. They must be time limited, list the type of restraint, and the reason for the restraint.
- The RN may initiate the application of a restraint in a situation where restraints are needed emergently and an order from the physician or other appropriately credentialed staff may be obtained as soon as possible after the restraint has been applied.
- Orders for medical/surgical restraints are time limited to one calendar day. If restraints are discontinued prior to the expiration of the order and reapplication is required, a new order must be obtained.
- Restraints that are removed to facilitate range of motion, circulation checks, toileting, feeding, etc., are not considered discontinued and therefore do not require a new order when reapplied.
- A patient in restraint is monitored at least every two hours or sooner if the patient's condition warrants. The RN assesses the continued need for restraint.
- The physician or the nurse may discontinue restraint. An order is not needed for to discontinue restraints.
  - At discontinuation: the reason, date and time of discontinuation are documented on the restraint flow sheet/electronic medical record.
  - If the patient behaviors change and restraint use is again needed for the same or different behaviors; a new order is needed since the original order was discontinued.

BEHAVIORAL (Violent / Self-Destructive):

- A physician’s order and face-to-face examination of the patient is required to initiate behavioral restraints within one hour of application. Physician orders for the use of restraint for the management of violent or self-destructive behavior may be renewed within limits shown below for up to a total of 24-hours:
  - 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 of age.
- In an emergency situation where a patient becomes violent or self-destructive, presenting an immediate serious danger to his/her safety or that of others, the RN may initiate the use of restraint. The physician or other credentialed practitioner is to be notified immediately and an order obtained.
- Restraint will be discontinued as early as possible when the patient meets the criteria for discontinuation, regardless of the length of time identified in the order.
  - At discontinuation: the reason, date and time of discontinuation are documented on the restraint flow sheet/electronic medical record.
- Patients in behavioral restraint will have 1:1 observation. The patient will be monitored every 15 minutes. Documentation occurs at a minimum of every 15 minutes.
Restraint use is an exceptional event and should NEVER be a part of a routine protocol and NEVER be ordered PRN.

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