

Restraint & Seclusion

REQUIREMENTS FOR ORDERING OF RESTRAINT OR SECLUSION FOR ANY REASON

This policy requires that a physician or other licensed independent practitioner (LIP) responsible for the care of the patient order restraint or seclusion prior to the application of restraint or seclusion.

In some situations, however, the need for a restraint or seclusion intervention may occur so quickly that an order cannot be obtained prior to application. In these emergency application situations, the order must be obtained either during the emergency application of the restraint or seclusion, or immediately (within a few minutes) afterwards.

Definition of a Licensed Independent Practitioner (LIP)

For the purpose of ordering restraint or seclusion, an LIP is any practitioner permitted by State law and hospital policy as having the authority to independently order restraints or seclusion for patients.

A resident who is authorized by State law and the hospital's residency program to practice as a physician can carry out functions reserved for a physician or LIP by this policy. A medical school student is not an LIP.

Use of Restraint or Seclusion Protocols

A protocol cannot serve as a substitute for obtaining a physician's or other LIP's order prior to initiating each episode of restraint or seclusion use. If protocols are used that include the use of restraint or seclusion, a specific physician or LIP order is still required for each episode of restraint or seclusion use.

ORDERS FOR RESTRAINT FOR SAFETY / NON-VIOLENT / NON-SELF DESTRUCTIVE BEHAVIOR

Orders obtained in accordance with this policy to address a patient's medical care-related needs (safety) that are evidenced by non-violent or non-destructive behavior (non-behavioral restraint) are considered in full force and effect for up to one (1) calendar day - which includes the day the order was obtained.

A new order must be obtained every calendar day.

DISCONTINUATION OF RESTRAINT OR SECLUSION

Restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the order. Restraint or seclusion may only be employed while the unsafe situation (clinical justification) continues. Once the unsafe situation ends, the use of restraint or seclusion must be discontinued.

PRN Ordering of Restraint & Seclusion

Orders for the use of restraint or seclusion must never be written as a standing order or on an as needed basis (PRN).

Staff cannot discontinue a restraint or seclusion intervention, and then re-start it under the same order. This would constitute a PRN order. A "trial release" constitutes a PRN use of restraint or seclusion, and, therefore, is not permitted.

- A temporary, directly-supervised release, however, that occurs for the purpose of caring for a patient's needs (e.g., toileting, feeding, or range of motion exercises) is not considered a discontinuation of the restraint or seclusion intervention. As long as the patient remains under direct staff supervision, the restraint is not considered to be discontinued because the staff member is present and is serving the same purpose as the restraint or seclusion.