

Lab Day: Ticket to Enter

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Date: **1/10/2024**

1. What is a restraint? Name the three different types of restraints.
 - **Physical, chemical, environmental**
2. What are some nursing interventions or least restrictive alternatives to using restraints?
 - **Techniques to manage behavior, minimizing triggers for patient, stress management, relaxation techniques**
3. When can restraints be used? Are there any contraindications?
 - **When the patient is an immediate danger to themselves or others**
 - **Not to be used with fractured limbs, or when de-escalation techniques have not been determined inappropriate**
4. Who can apply restraints? Who is responsible for assessing the patient after they have been restrained?
 - **Medical personnel with orders from a physician**
 - **The ordering physician and primary nurse**
5. What should be assessed after a restraint is utilized and how often should an assessment occur?
 - **Vital signs every 15 minutes**
 - **All 4 extremities to make sure adequate circulation**
 - **Addressing patients' needs for toileting**
 - **Patients' danger level**
6. When should the restraint be discontinued?
 - **After the patient no longer is a threat to themselves or to others**
7. A provider has provided a restraint order for a patient who is at risk of harm to self and others.
 - A. What information should be on the order?
 - **Date/Time**

- **Reason for restraint**
 - **Type of restraint**
 - **Duration for restraint**
8. A 24-hour restraint order has been written on 8/24/23 at 1353 for patient X. The nurse knows a new order will need to be obtained by _____ if it is to be continued.
- **1354 of 8/25/23**
9. Can a nurse initiate a restraint order in an emergency? What will need to be done if restraint is initiated in an emergency?
- **Yes, the nurse will then have to notify a physician and obtain an order within one hour of initiating the restraint**
10. What is an intentional tort? Are nurses liable for intentional tort or voluntary acts? Videbeck p. 150
- **“Wrongful civil acts done on purpose”**
 - **Yes, a nurse could threaten a patient with restrain or wrongfully restrain**
11. A patient is having a seizure. What are some nursing actions the nurse should implement? Videbeck p. 260. (Name 3-4)
- **Turn patient to the side**
 - **Move furniture or objects close by to protect patient from injury**
 - **Have suction ready**
 - **Provide supplemental oxygen if needed**
12. **T or F:** The nurse should stick something in the patient’s mouth to prevent the patient from biting his tongue during a seizure.
13. **T or F:** The nurse should provide a safe environment and remove items from the area to prevent injury.
14. **T or F:** The nurse should tie a person down to prevent the patient from moving.
15. **T or F:** The nurse should keep the person in supine position during a seizure.