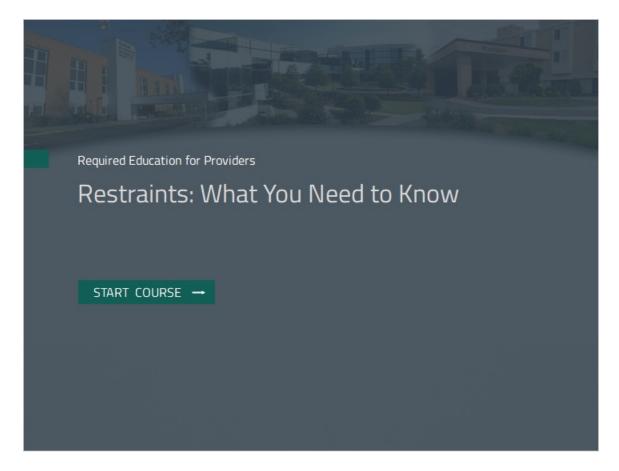
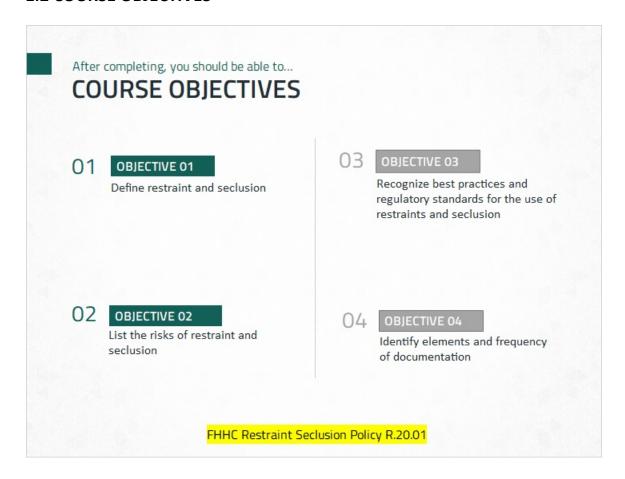
Restraints - Providers

1. Untitled Scene

1.1 Restraints: What You Need to Know

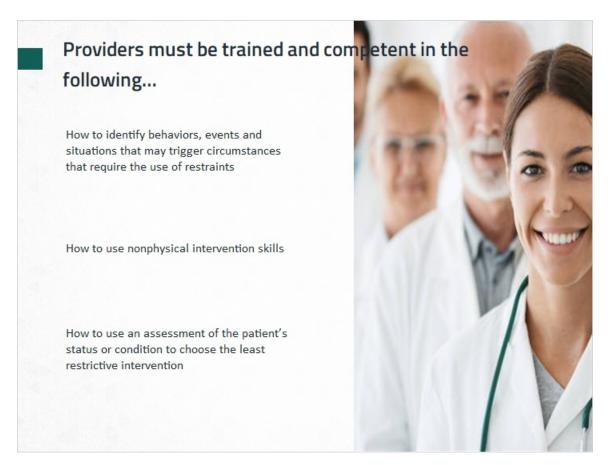


1.2 COURSE OBJECTIVES

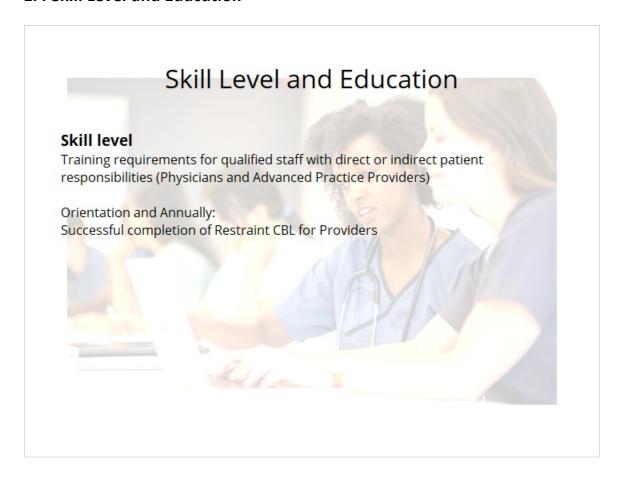


1.3 Providers must be trained and competent in the

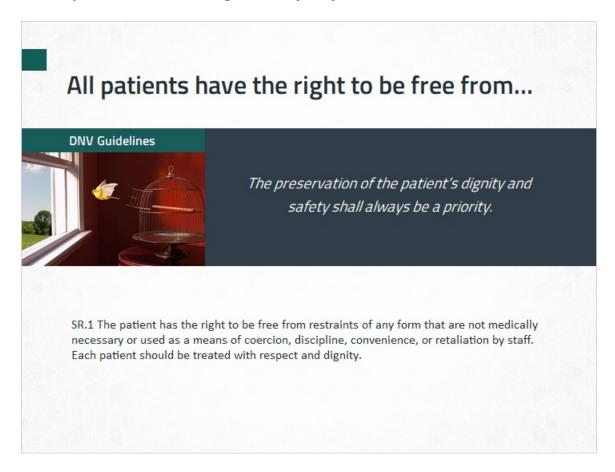
following...



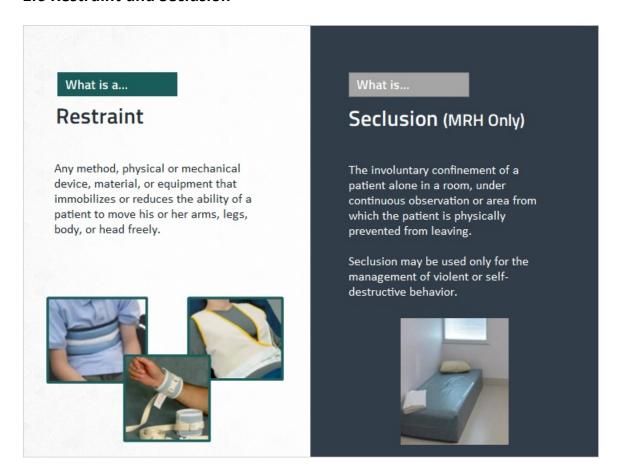
1.4 Skill Level and Education



1.5 All patients have the right to be free from...



1.6 Restraint and Seclusion



1.7 What is a Chemical Restraint?



Notes:

Image Title: The Model

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1.8 A Restraint is NOT...



A Restraint is NOT...

A device associated with medical, dental, diagnostic or surgical procedures based on standard practice for the procedure.

Medications that are standard treatment for the patient's condition.

Examples:

Medical Immobilization:
 IV arm bands
 Orthopaedic devices
Adaptive Devices:
 Back or neck brace
Protective Helmets



1.9 Patient Assessments



Patient Assessments



Assess the patient to determine the risk of harming self or others, and risk of emotional or physical injury if restraint or seclusion is utilized.

Consider Potential Underlying Causes of Behavior

- Inadequate pain relief
- Delirium
- Dementia
- Brain injury
- Stress
- Mania

- Depression
- Psychosis
- Personality disorders
- Increased feelings of vulnerability related to hospitalization
- · Avoidance of being touched

1.10 Managing Patient Behavior

Alternatives

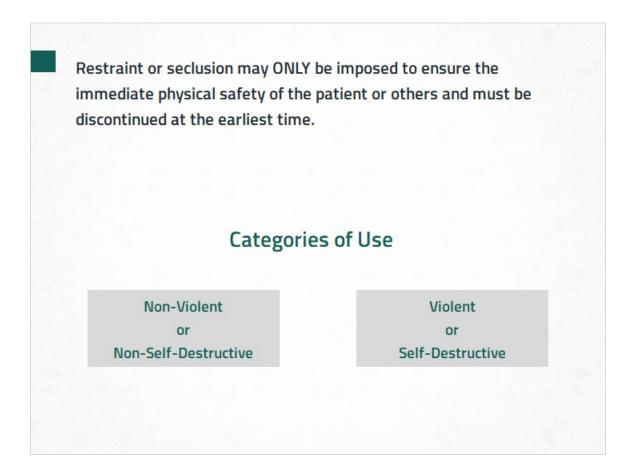
Managing Patient Behavior

Behaviors that require intervention can escalate through a predictable pattern:

- Anxiety
- Defensive
- Aggressive

- Be supportive, empathetic, nonjudgmental
- Take control of situation, set clear limits that are reasonable and enforceable, give patient choice and time to make their choice
- REMEMBER: Restraint and seclusion is considered a <u>LAST</u> resort and only appropriate when the following criteria have been met:
 - Imminent risk of harm to patients or others
 - All appropriate alternatives have been tried and are ineffective
 - Use is based on the patient's assessed need – patient demonstrated clinical justification

1.11 Restraint or seclusion may ONLY be imposed to ensure the immediate physical safety of the patient or others and must be discontinued at the earliest time.



Non-Violent Patient Restraint Use (Slide Layer)

Non-Violent Patient Restraint Use

Restraint used to restrict a patient's movement as to assist with the provision of medical or surgical care. (i.e. preventing removal of lines and/or tubes)

Patient immobilization that is a normal component of a procedure (e.g. MRI, surgery, etc.) is not considered restraint

The duration of time for adults is one calendar day, at which time a new restraint order is placed or discontinued

Non-Violent or Non-Self-Destructive Violent or Self-Destructive

Violent/Self-Destructive Patient Restraint Use (Slide Layer)

Violent/Self-Destructive Patient Restraint Use The restriction of patient movement in response to severely aggressive, violent, destructive, self-destructive, or suicidal behaviors that places the patient or others in imminent danger. Non-Violent or Non-Self-Destructive Violent or Self-Destructive

1.12 Non-Violent Restraints and Violent Restraints

Non-Violent Restraints

Restraint or seclusion for non-violent patients must be ordered by a Physician or LIP:

- Orders must be issued on a case-bycase basis
- Orders are time-limited
- PRN orders are NEVER acceptable
- Any change in the order requires a new order (additional or different type of restraint)
- Every day, the physician or APP who is primarily responsible for the patient must see and re-evaluate the patient before writing a new order. The need for the restraint should be documented.
- The evaluation should include the patient's immediate situation, patient's response, medical and behavioral condition and the need to continue or terminate the restraint.

Time Parameters

The duration of time for adults is one calendar day, at which time a new restraint order is placed or discontinued.

Prolonged Use is defined as 72 hours of continuous use. Care conference with provider and primary nurse to assess ongoing need.

Violent Restraints

Restraint or seclusion for violent patients must be ordered by a Physician or LIP:

- Orders must be issued on a case-bycase basis
- Orders are time-limited
- PRN orders are NEVER acceptable
- The physician or APP must perform an in-person face-to-face evaluation of the patient within 1 hour



 Every 24 hours or less, the physician who is primarily responsible for the patient must see the patient before renewing any more orders and document their evaluation

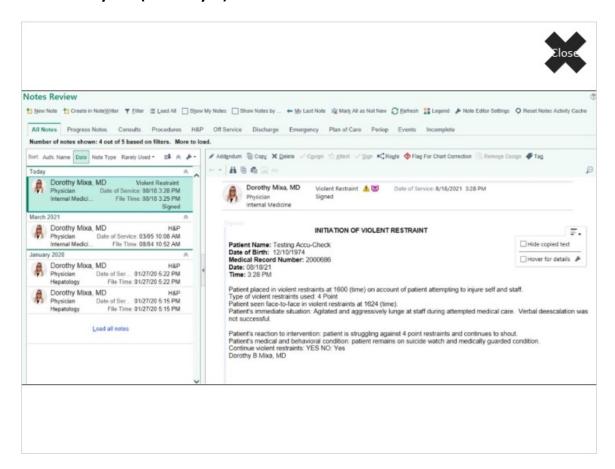
Time Parameters

The duration of time for

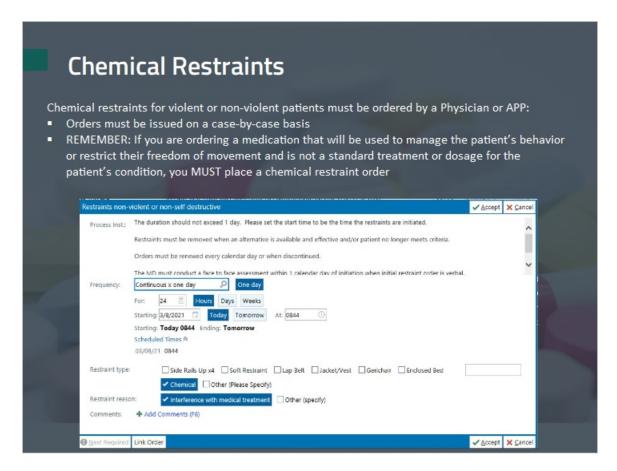
- Adults 18 years and above may not exceed 4 hours
- Children 9-17 years may not exceed 2 hours
- Children under 9 years of age 1 hour at which time a new restraint order is placed or discontinued.

Prolonged Use is defined as 24 hours of continuous use. Care conference with provider and primary nurse to assess ongoing need.

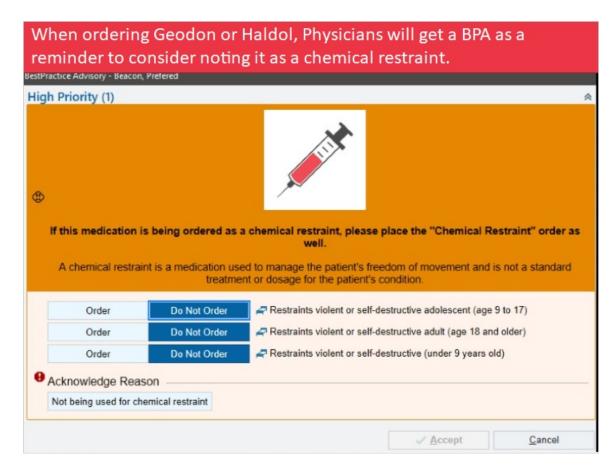
Untitled Layer 1 (Slide Layer)



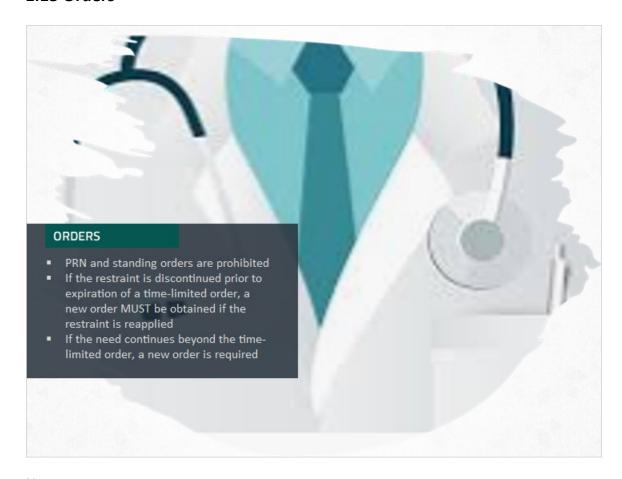
1.13 Chemical Restraints



1.14 Untitled Slide



1.15 Orders



Notes:

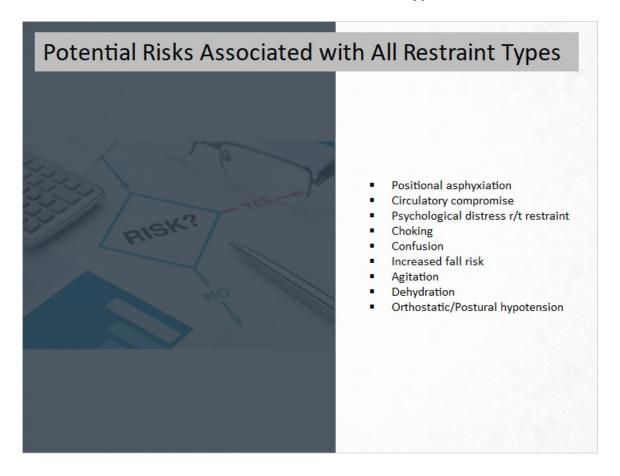
Image Title: The Model

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1.16 Potential Risks Associated with All Restraint Types



1.17 Final Slide



We hope this online course has been both informative and helpful.

Feel free to review the screens of this course until you are confident about your knowledge of the material presented.

When you're ready, click on the "Take Test" button. You must earn at least an 80% within two attempts to pass. Upon successful completion of the test, your score will be recorded and the course will appear on your transcript.