

Non-Psychiatric Restraint Protocol

Patient to be assessed by qualified staff. The patient will be re-assessed for the appropriateness of the use of restraints every 2 hours. A physician order for the use of restraints is not needed if a patient meets at least one criteria **IN EACH CATEGORY BELOW**. Leather restraints nor 4-limb restraints will **NOT** be used with this protocol. Observation and documentation of mental status, behavior, proper application of restraints, circulation and range of motion check to affected extremities, fluids/nourishment and bathroom needs every 2 hours (see Flow Sheet B).

OTHER METHODS ATTEMPTED: Sedation _____ Verbal Intervention _____
Physical/Activity/Position Changed _____ Reality Orientation _____
Increased Surveillance _____ Other _____

Does patient have central line? _____ Difficult IV start _____ Endotracheal/Tracheal Tube _____

EDUCATION TO PATIENT/FAMILY _____

CATEGORY 1. (Check the appropriate condition/conditions **IN EACH CATEGORY**)

_____ Neurological impairment due to anesthesia
_____ Confusion
_____ Marked agitation
_____ Altered level of consciousness

AND CATEGORY 2

_____ Patient is unable to comprehend the seriousness of his/her condition
_____ Patient is unable to comprehend the need for treatment
_____ Patient is unable to benefit from patient education and/or follow instructions

AND CATEGORY 3

PATIENT ATTEMPTS TO:

_____ Pull out IV and arterial and arterial lines (specify type and location)
_____ Pull our NG tube
_____ Pull out feeding tube (specify type)
_____ Pull out catheter(s) (specify type and location)
_____ Dislodge intubation tube
_____ Crawl out of bed

THEN

Qualified staff may authorize the use of an appropriate restraining device (check device used)

_____ Soft limb restraint (specify number and location) _____
_____ Torso restraint (specify type) _____
_____ Qualified staff documents initial assessment and justification for restraint use
_____ Geri-chair

Signature Block

Date _____

PATIENT IDENTIFICATION

