

A large, stylized logo for Kaweah Delta Health Care District. The logo is composed of several overlapping, rounded shapes in shades of blue, purple, and yellow. The central part of the logo is a large, dark blue 'K' shape. The background of the slide features vertical stripes in various shades of blue, purple, and yellow, matching the colors in the logo.

Provider Restraint Education

KAWEAH DELTA HEALTH CARE DISTRICT

Quick Summary

- Restraints require an order by a licensed independent practitioner (LIP)
- Duration of protective restraints order is valid as long as the patient meets criteria for restraint – no expiration date.
- Duration of violent self-destructive order is valid only for 24 hours.
 - LIP must perform face-to-face evaluation within one hour initiation of restraint or seclusion
 - LIP must evaluate patient at least once every 60 minutes or as often as indicated by the plan of care based on the patient's condition, behavior, and environmental considerations



Provider Role and Responsibilities

Initiation: Each episode of restraint or seclusion shall be initiated:

- Upon the order of a licensed independent practitioner (LIP) who is responsible for the patient, or
- By a registered nurse if necessary to protect the patient, staff members, or others from harm, provided that an order is obtained by an LIP who is responsible for the patient immediately after initiation.
**Immediately means as soon as it is clinically appropriate to pause in the process of providing care **

Notification of the Attending Physician

- The attending physician(s) is they physician(s) with primary responsibility for the patient's medical care during the day the restraint was initiated and the first calendar day following initiation.
- If the attending physician is not the person who ordered the restraint (s)he shall be notified that the restraint was applied by the end of the calendar day following the initiation of the restraint order.

Provider Role and Responsibilities

PRN Restraint or Seclusion Orders shall not be used except:

- The patient requires the use of a Geri chair with the tray locked to be safely out of bed
- Bed (side) rails used as restraint
- Interventions are used to protect the patient from repetitive self-mutilating behavior



Provider Role and Responsibilities

Duration of Restraint/Orders:

- Orders for restraint or seclusion applied to manage **violent or self-destructive** behavior that jeopardizes the immediate safety of the patient, a staff member or others shall remain in effect until the patient's behavior or situation no longer requires the use of restraint or seclusion, but no longer than:
 - 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 8 years of age or younger
- Renewal orders may be given for the above durations if the indications for restraint or seclusion persist. However, continuation of restraint or seclusion for longer than 24 hours shall be based on an in-person evaluation by the responsible licensed independent practitioner.

Provider Role and Responsibilities

Physician orders for restraint that *is not used* for the management of violent or self-destructive behavior (protective restraints) shall remain in effect until:

- The patient's behavior or situation no longer requires the use of restraint.
- The indications for discontinuation listed on the medical-staff approved protocol are met.
- **as used in this policy, a protocol is a patient-specific order based on an assessment that the patient meets specified inclusion criteria



Provider Role and Responsibilities

Assessment and Monitoring

- **Violent or self-destructive behavior** that jeopardizes the immediate safety of the patient, staff members, or others:
 - One-Hour Face-to-Face assessment by a responsible LIP, registered nurse (RN), or physician assistant (PA) shall perform a face-to-face assessment of the patient's physical and psychological status within one hour of the initiation of restraint or seclusion. (RNs and PAs must receive specific training).
 - Evaluations by a responsible LIP shall occur as often as indicated by the plan of care based on the patient's condition, behavior, and environmental considerations but at least once every 60 minutes.

