

## **Restraints** for Nurses

### Cerner FirstNet and PowerChart EDUCATION

Summary: Several updates to Violent Restraints have been made; highlights include:

- 1. **New:** Violent Restraint order name that displays in red with a High Alert Face-to-Face reminder upon order selection.
- 2. Chart Not Done option has been disabled for the following nursing tasks:
  - a. Restraint Initiation.
  - b. Violent Restraint Care Plan.
  - c. Obtain Violent Restraint Order.
- 3. **New:** Enter/Obtain Violent Restraint Order notification frequency is generated based on Violent Restraint age requirements.
  - a. Providers are instructed to enter a Violent Restraint Order via an open/close chart alert.
  - b. Nurses are alerted to the Obtain Violent Restraint Order via a nursing task.
    - i. The Obtain Violent Restraint Order Task navigates to IView for required documentation of provider name and time.
- 4. **New:** Restraint Order Warning within the Restraint Monitoring Plan of Care Violent Patient form, prompting confirmation that the current Violent Restraint order meets time specifications based on patient's age.
- 5. **New:** System rule ensures that there cannot be duplicate or conflicting Restraint Orders at any time. When a second Restraint Order is entered, it will discontinue the previous order.

Additionally, Non-Violent Restraint Patient Plan of Care tasks updated to generate at a frequency of every 2 hours system wide.

Action required: Review the latest version of the Restraint education below.

**When:** April 16, 2024 **Support:** Help Desk at 231-935-6053

#### **Restraint Types**

**Non-Violent Restraints** are initiated to ensure the physical safety or medical treatment of a non-violent, non-self-destructive patient.

- $\circ$   $\;$  Examples of situations where this type of restraint may be ordered:
  - Patients who are at risk of dislodging lines, tubes, drains, or other medical equipment.
  - Patients who are at risk for significant injury due to an underlying medical condition, where other interventions have failed to protect the patient from injury.
- Twice as Tough restraints do not imply the patient needs violent restraint orders.

**Violent Restraints** are initiated to manage violent or self-destructive behavior that jeopardizes the immediate safety of the patient, staff, or others.

• Violent restraints do not imply the need for Twice as Tough restraints.



# Restraints for Nurses

**Summary Restraint Documentation** 

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Restraint Type	Restraint Initiation & Pathway Tasks	Provider Evaluation & Documentation	Restraint Monitoring and Plan of Care Tasks	Obtain Restraint Order Tasks		Restraint Discontinuation Debrief
Non-Violent	Upon Initiation	Within 24 hrs. of Restraint Application	Every 2 hrs.	Renewal	Every 24 hrs.	Optional
		Face to Face Required		NEW Restraint Order		
Upon Initiation Violent with each Restrai	Upon Initiation and	Upon Initiation and Restraint	Every 15 min.	18 y/o +	Every 4 hrs.	Deswined
	Restraint Restraint Restraint	Application and prior to new		9-17 y/o	Every 2 hrs.	Required
Order		Restraint Order every 24 hrs.		Under 9 y/o	Every 1 hr.	

#### **Restraint Orders**

1. The nurse immediately contacts the provider (Physician, PA, or NP) to evaluate and place the order.

 If restraints have been applied prior to an order being obtained, due to urgent patient safety concerns, the RN describes the need for restraints, obtains the order for the specific restraint type(s) applied, and documents a Focus Note.

> Note: When entering a verbal restraint order, enter the Provider's name and Verbal Order with Read Back. **Do NOT use Nurse Per Protocol.**

2. Restraints Non-Violent or High Alert Restraints Violent order is entered.

Search:	restraint 🔍 Type:		
	Restraints Non-Violent		
ister (	Restraints Renewal Non-Violent	Order 3/12/2024 3:55 PM EDT, 4 Side Rails (1pt)   Mitt, LEFT (1 pt) Place patient in restraint device(s) specified in this order to ens	ure the physical safety of a non-violent non-self-destructive
Restra	High Alert Restraints Violent		
Restra	"Enter" to Search		4 Side Rails (1pt)
			Mitt, LEFT (1 pt)
	Details for Restraints Non-Violent		Roll Belt (1 pt)
	Petails Details Order Comments		Wedge cushion (1 pt)
	*Start Date/Time: 03/12/2024 💽 🗸 1555	*Restraint Type, Non-Violent:	4 Side Rails (1pt)   Mitt, LEFT (1



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 Selection of the High Alert Restraints Violent order triggers a face-to-face notification reminder.

🔛 High Alert	×
Restraints Violent A face to face visit MUST be comp restraint initiation and every 24 hours thereafter if still in Vie	leted within one hour of initial olent Restraints.
	Continue Cancel

#### **Restraint Documentation**

- 3. The **provider is required to evaluate** the patient within:
  - 24 hours of Non-Violent Restraint application.
    - 1 hour of Violent Restraint application with a face-to-face assessment, AND prior to new Restraint order every 24 hours.
- 4. Once the Restraint order is placed, a **Restraint Initiation task** generates to the Nurse. The task initiates documentation of the **Restraint Initiation** form.
  - o Selection of the Restraint Initiation Pathway generates the Violent or Non-Violent Restraint Pathway form.

Restraint Initiation		D/	octroi	int Initiati	on	
Non-Violent Restr	Kesti ant Initiation					
Violent Restraint/	The Restraint Initiation Date/Time inc and it is a contributing value for ca			licates the beginning o lculating the length of	of an episode of restraints, an episode of restraints.	
	Restraint Initiation Date/Time	hee Jaco Jacobs	-	Selection	of the Restraint	
	Restraint Initiation Pathway					
	Restraint Initiation Pathway	<ul> <li>Non-violent restraints</li> <li>Violent restraints</li> <li>Seclusion (Behavioral Health unit)</li> </ul>		the Violent Restraint F	or Non-Violent Pathway form.	
		Please update the patient's pre	ecautions	to reflect restraints	by checking "restraint."	
	Precautions THIS visit only	None     Guard at bedside     Guard at bedside     latex sensitive     odor sensitive     aspiration precautions     behavioral health 1:1 monitoring     behavioral health close observation     behavioral health general Any selections in this field are only w	Elopen fall risk fall risk insulin limb ale limb ale limb ale limb ale limb ale neutrop valid for this	nent pump ent LLE ent LUE ent RLE ent RUE penic precautions s visit, until deselected	no heparin/heparin prod     Pain pump     radium implant     restraint     security risk     seizure precautions     suicide precautions     swallowing precautions and/or None is selected	ucts



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- 5. The **Restraint Patient Plan of Care tasks** generate the **Restraint Monitoring Violent or Non-Violent form** at defined time intervals, depending on the restraint type:
  - Non-Violent every 2 hours.
  - Violent every 15 minutes.

I	Restraint Monitoring NonViolent Patient		<b>Restraint/Seclusion Monitoring Violent Patien</b>
Restraint Initiation 03/18/2 Date/Time Previous Fall Risk Score Previous Braden Scale Score Restraints Still Needed	2024 V Z100 The Restraint Initiation Date/Time indicates the beginning of an episode of restraints. Display of last charted Fall Risk Scale Score. O No, restraints no longer needed O Changed device/points	Restraint Initiation Date/Time Previous Fall Risk Score Previous Braden Scale Score Restraints or Seclusion Still Needed Comment/	03/18/2024 V Z10  Display of last charted Fall Risk Scale Score and Braden Scale Score. Changed device/points No. restraints no longer needed
Go To: Focus Note Go To: Vital Signs	en Document in Focus Note an unanticipated condition change or a patient injury due to restraint use.	Care Provided Go To: Focus Note Go To: Vital Signs	Open         Document in Focus Note an unanticipated condition change or a patient injury due to restraint use.           Open         Open

5. Selection of **Yes, Restraints Still Needed,** within the Violent or Non-Violent Restraint form, opens the **Violent** or Non-Violent Monitoring Plan of Care form.

Reason/Criteria for Restraint Use	Prevent removing med equip/hindering therepeutic modalities     Prevent self-harm by impulsive behavior
Restraint Device	Widge cuttorn         Peek Wage, right         Arkike, Twice as Tuf, right           Lap hugger         Foll beit         Writt, twice as Tuf, is int           Mith, thit         Arkike, cell fine, light         Writt, twice as Tuf, is gift           Mith, right         Arkike, cell fine, light         4 Siderals USED AS A RESTRAINT           Freedom spint, inth         Virist, coll into, light         Physical hold           Peedwing, left         Arkike, rice as Tuf, light
Total Restraint Points	auto-calculated on the type of restraint device
Care Plan/Intervent	tions
Restraint Goals	Pemoval from restraints as soon as assessed to be safe     Patient's dgn/y will be maintained     No ham/injury to pt while restraints in use     Other:
	Required nursing interventions for NonViolent restraint care plan.
Standard Interventions	
Patient	Pain management     Safety companion
Interventions	Assess mental status for return to baseline     Calm environment established
	Provide periods of rest during day and evening hours
	Limit interruptions at night to promote sleep     Call button accessible     Ensure eventses in use     Belavation techniques
	Ensure hearing aids in use Reorientation
	Music     Decreased stimulation
	Happy Hand overlay or apron     Happy Hand overlay or apron     Happy Hand overlay or apron
	🔲 Family presence 📃 Review current medications & vital signs
	Personalize environment w/ familiar objects from home Other: Bed alarm
	Patient may meet one or more of the following criteria in order to have restraints removed.

Restra	int/Seclusion N	/Ionitoring Pla	n of Care Violent Patient 🥖
Conditions Increasing Risk	O Yes O No	Details	
History Complicating Use	O Yes O No/Unable to assess	Details	
Reason/Criteria for Use	Reduce the potential for inflicting	g harm to self 🔲 Reduce the po	tential for inflicting harm to others
Restraint Device	Ankle, Twice as Tuff, left Ankle, Twice as Tuff, right Wrist, Twice as Tuff, left Wrist, Twice as Tuff, left Wrist, Twice as Tuff, right	Ankle, soft limb, left Ankle, soft limb, right Wrist, soft limb, left Wrist, soft limb, right	Seclurion (Behavioral Health unit) Restraint chair Physical hold
Total Restraint Points	auto-calcula	ted based on the type of restra	int device
Care Plan/Interventi	ions		
Restraint Goals	Remove restraints/sectusion as     No harm/injury to pt while restrain	soon as assessed to be safe 🛛 Pa nts/seclusion in use 🗌 Ot	alien's dignity will be maintained her:
Standard Interventions	Required nursing interventi	ons for violent restraint/sed	lusion care plan.
Patient Interventions	Pain management     Assess menhal status for return to     Provide poincido ni era during de     Unit interruptions at night to proi     Music     Intervision     Branky presence     Prisonalize environment w/ fam     adely companion     Calm environment established     Relskation techniques	baseline Decreas o baseline Threape y and evening hours Diversion mole sleep Time out Previous Nar objects from home Review Uter: Decreas Previous Decreas 11 dober Decreas 11 dober Decreas 11 dober Decreas 11 dober Decreas 11 dober 11 do	ed stimulation utic Communication and activities station stati
Restraint Removal Criteria	Patient may meet one or m	ore of the following criteria i	n order to have restraints removed.

 The Violent Restraint Plan of Care form contains a Restraint Order Warning, prompting confirmation that the current Violent Restraint order meets time specifications based on patient's age.

Restraint Order warning				
he documented restraints on the patient must match the order listed below. They do not, discontinue the current episode on the form and obtain a new order for the appropriate restraint.				
Restraints Violent 03/18/24 16:42:00 EDT, Restraint Chair (9 pts)				
Violent Restraint orders need to be re-ordered within a defined period of time Adults greater than 18 years is 4 hours Children between ages 9 and 18 years is 2 hours Children less than age 9 is 1 hour				
Does the above order fall within the time specification based on patient age?				

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- 7. The frequency and type of the **renewal or new order** is determined by the Restraint type and patient's age (for Violent Restraints):
  - Non-Violent Restraints renewal order is required every 24 hours.
  - Violent Restraints **new order** is required with the following time frames:
    - Every 4 hours for adults 18+ years of age.
    - Every 2 hours for children and adolescents
       9-17 years of age.
    - Every 1 hour for children under 9 years of age.

Note: A system rule ensures that there cannot be duplicate or conflicting Restraint Orders at any time. When a second restraint order is entered, it will discontinue the previous order.

- 8. Enter/Obtain Violent Restraint notification frequency is generated based on Violent Restraint age requirements.
  - Providers are instructed to enter a Violent Restraint Order via an open/close chart alert.
  - Nurses are alerted to the Obtain Violent Restraint Order via a nursing task.
    - The Obtain Violent Restraint
       Order task navigates to IView
       for required documentation
       of provider name and time.

P Discern: Close Chart - PASMUNSON, AMBER ANDREW (1 of 1)	
Violent Restrain	nts Orders
This patient, PASMUNSON, AMBER ANDREW, has an a MD, Physician on 03/07/24 at 08:12 EST. A new order w the Orders Tab and place one of the following orders:	active Violent Restraint order, ordered by Test ill need to be placed within 4 hours. Please go to Example of Provider Violent Restraint Order Alert evaluation must occur every 24 hours after
primary initiation. The face-to-face evaluation must be documented in a pro (.[hos int]tacs fp] restraint violent face to face).	ogress note using one of the following autotexts
After signing a new restraints order, the system will autor Continue	natically D/C all active restraint orders.

Obtain Violent Restraint Order Task 03/13/24 13:24:09 Comment: Every 4 hours, a provider must decide wh	EDT, ONCE, 03/13/24 13:24:09 EDT ether to discontinue or reorder "Restraints Violent."	
Example of Nurse Violent Restraint Order Task	Done Not Done Document	
	🛓 Violent Restraint Order Task	
	⊿ Violent Restraint Order Task	
	*Provider Notified	I 🔍
	*Time Provider Notified	
	Notification Response Comments	



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#### **Restraint Discontinuation for Nurses**

- 1. Select the **Restraint Monitoring** (Non-Violent or Violent) form from a task or from Ad Hoc.
  - Select No, restraints no longer needed.
- 2. The Restraint Discontinuation (Non-Violent or Violent) form will open.
  - **Uncheck restraints** from the Precautions field.
  - Upon signing the form, all restraint orders will be discontinued.

Note: Do NOT discontinue Restraints from the Orders page.

3. For Violent Restraints, complete the Debrief task generated to Nurses upon discontinuation.

	<b>Restraint/Seclusion Monitoring Violent Patient</b>
Restraint Initiation Date/Time	03/18/2024
Previous Fall Risk Score Previous Braden Scale Score	Display of last Charted Fal Risk Score and Braden Scale Score.
Restraints or Seclusion Still Needed	Yes     Changed device/points     No, restraints no longer needed
Comment/ Care Provided	
Go To: Focus Note	Open Document in Focus Note an unanticipated condition change or a patient injury due to restraint use.
Go To: Vital Signs	O Open

R	estraint/Seclusion Discontinuation Violent Patient		
Discontinuation Date/Time	03/20/2024 • 1412 •		
Total Restraint Time	2.472 minute(s) minutes Automatically calculated by the system based on Restraint Initiation Date/Time and the Discontinuation Date/Time.		
Discontinue Restraint Order	Yes     The restaint/sedusion orders and subsequent tasks will automatically be disontinued by the system when you sign this form.		
	When changing device/points, obtain a new order and document a new initiation via the CareCompass task.		
Discontinue Criteria Met	Unmet: Charged to a different device/points Patient is oriented and cooperative Ability to contract for safety Cessation of verbal or physical threats		
Summary of Restraint Episode	Patient is calm and has contracted for safety. Patient's mother is at the bedside.		
	Uncheck the "restraint" option in the box below when discontinuing restraints.		
Precautions THIS visit only Uncheck "restraint." If there are no other precautions selected, then check the "None" option.	None       Elopement       no heparin/heparin products         Guad a bedide       I af rick.       Pain pump         I dets: estivitive       in sufin pump       in data fill isk.         ospriation precautions       Imb alert LLE       isstantiant         ospriation precautions       Imb alert RLE       isstantiant         oshaviral health Close observation       Imb alert RLE       isstantiant         behavioral health Close observation       Imb alert RLE       isstantiant         behavioral health fills       imb alert RLE       issuellowing precautions         behavioral health alert are only valid for this visit, until deselected and/or None is selected       Any selections in this field are only valid for this visit, until deselected and/or None is selected		
Following discontinuation, complete a debriefing with the patient and staff at first opportunity.			

Note: A temporary, directly supervised release 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** because the staff member is present and is serving the same purpose as the restraint.

Note: Patients who expire within 24 hours of application of restraints, or who expire while restraints are in use, must be reported to Risk Management. CMS regulations mandate a report be submitted within 24 hours of the patient's death.