

Violent Restraint Initiation Guidelines

- A restraint is used only as a **last resort** and when the patient’s behavior presents an immediate danger to the safety of the patient, other patients, or staff. Type of restraint/seclusion will be the least restrictive intervention to protect the patient, a staff member, or others from harm.
- **Violent Restraints:** Used only in situations where the patient’s behavior becomes self-destructive, violent, aggressive, or assaultive and presents an immediate danger to the safety of the patient, other patients, or staff.

With the initiation of **Violent Restraints**, the **Provider** must:

- Evaluate the patient within one hour of initial **Violent Restraint** application with a face-to-face assessment.

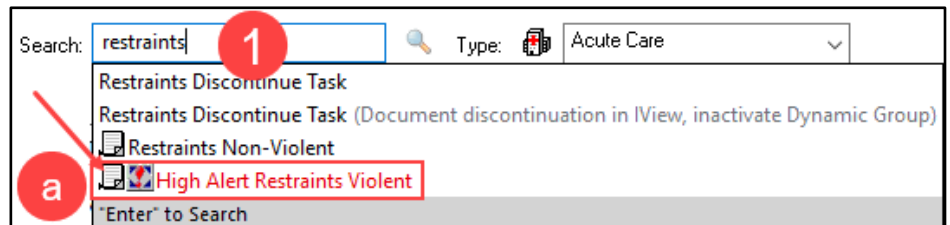
In an emergent situation, a **Registered Nurse (RN)** may initiate intervention of **Violent Restraints**. During or immediately after (within minutes) the RN must:

- Contact the Provider.
- Describe the need for restraints and obtain the order for the specific restraint type applied.
- Document a Focus Note.

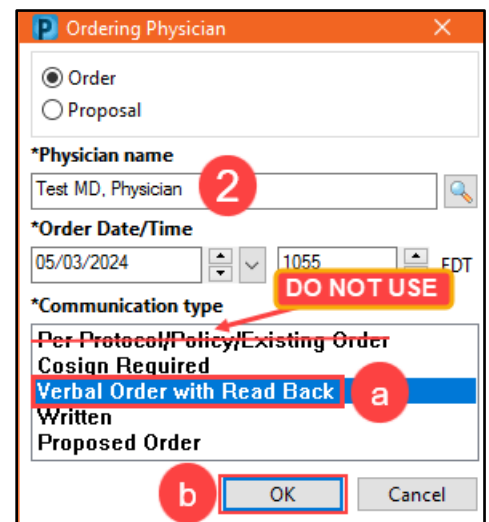
Violent Restraint Initiation

1. Enter Restraints in the Order Search window. Select: **High Alert Restraints Violent**

- a. Reference text available.
Note: Links to MHC Policy.

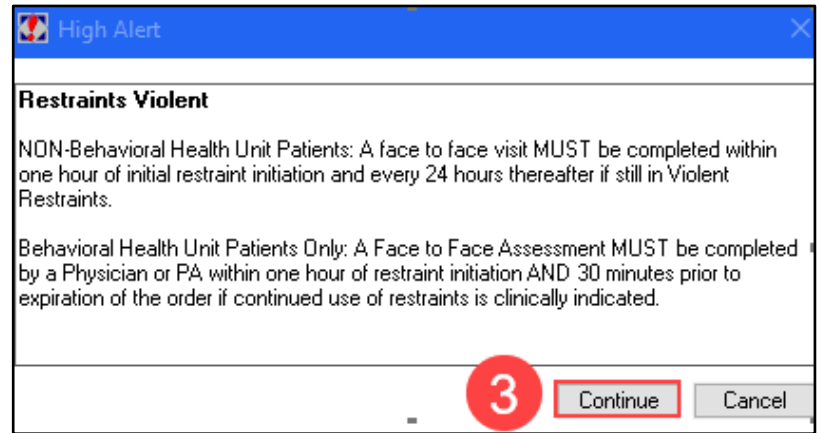


2. Enter the Provider’s name.
- a. Sign using: **Verbal Order with Read Back**.
Do not use per Protocol/Policy/Existing Order.
- b. Click: **OK**.

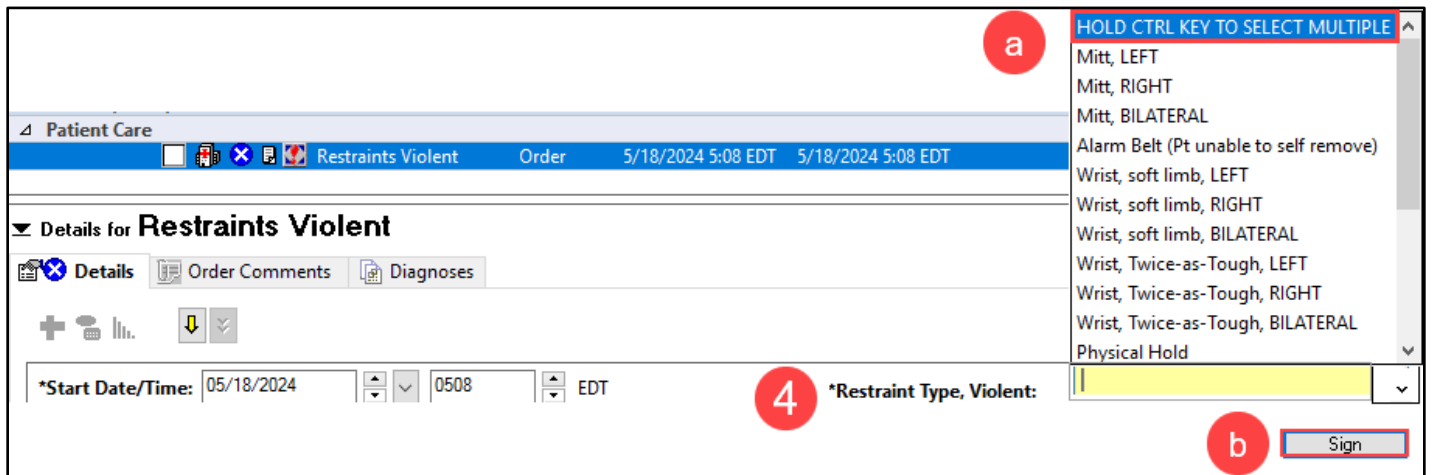


Violent Restraint Initiation continued

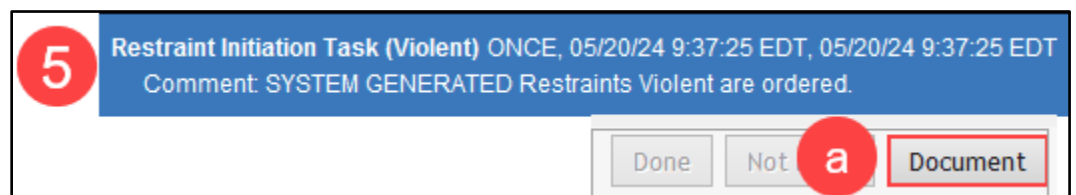
3. A **High Alert** reminder will fire indicating the face-to-face requirements for Provider.
Select: **Continue**.



4. **Restraint Device Type** selected **must** match the order and fit the circumstances documented.
 - a. Hold **CTRL** to select multiple restraint devices.
 - b. Sign.



5. In CareCompass, LaunchPoint, and PowerChart Maternity Tracking Board, select: **Restraint Initiation Task (Violent)**.
 - a. Click: **Document**.



Violent Restraint Initiation continued

6. Restraint Initiation Task (Violent) will open in Interactive View (IView).
 - a. Create a Dynamic group, address all yellow fields.
 - b. Select: **OK**.

Note: Restraint Device documentation in Dynamic Group must match the Provider's Order.

7. Select: **Initiate episode**.

- a. Address all yellow fields.
- b. Sign.

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Violent Restraint Initiation continued

8. Document the **Restraint Patient Care Plan (Violent)** Task every 15 minutes.

***** Document all Restraint Activity using scheduled Tasks. *****

a. If **no changes** in restraint device are made, select: **Continue restraint, same episode**.

- b. Address all yellow fields.
- c. Sign.

Note: Add restraints to Patient Care Alerts.

Violent Restraint Change Device

1. Select current **Restraint Care Plan Task (Violent)**.

a. Click: **Document**.

2. Select: **Change Device (inactivate Dynamic Group)**.

a. Sign.

b. Right click on title, select: **Inactivate**.

c. Sign.

3. Continue with previous steps 1-7 to complete a new Restraints Order with updated device type.

Violent Restraint Discontinuation Guidelines

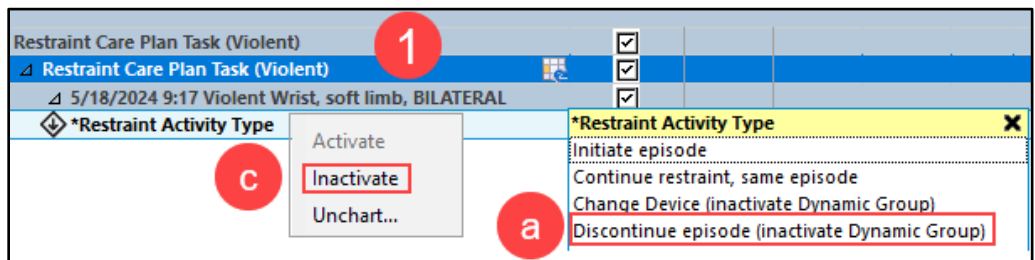
Violent Restraint Discontinue Note: Restraint should be discontinued at the earliest possible time, regardless of the length of time identified in the order. Discontinuation is based on the assessment of the RN or Provider caring for the patient.

If restraint is discontinued and the patient later demonstrates behavior requiring restraints, a new order from a Provider must be obtained.

When restraints are discontinued, documentation should be completed by the RN.

Violent Restraint Discontinue

1. Select the most current **Restraint Care Plan Task (Violent)**.
 - a. Select: **Discontinue episode (inactivate Dynamic Group)**.
 - b. Sign.
 - c. Right click on title, select: **Inactivate**.
 - d. Sign.



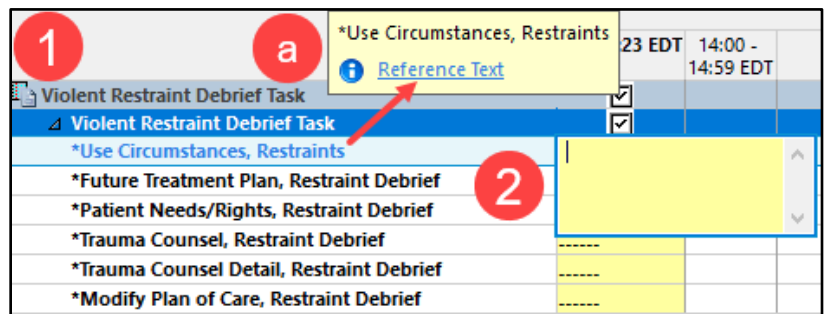
Note: Remove restraints from Patient Care Alerts.

Restraints Discontinue Task

1. Select: **Restraints Discontinue Task** when documentation has been completed in IView and Dynamic Group has been inactivated.
 - a. Select: **Done**.

Violent Restraint Debrief Task

1. Select: **Violent Restraint Debrief Task**.
 - a. Click: **Document**.
2. Complete all yellow fields.
 - a. Note: Reference text available.
 - b. Sign.



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Obtain Violent Restraint Order Task

The **Obtain Violent Restraint Order Task** frequency fires based on the patient's age.

Restraint Type	Provider Evaluation & Documentation	New Restraint Order	
Violent	<p>A Face-to-Face Assessment required within 1 hour of Restraint Application. After 24 hours, before entering a new order, a provider must see, assess, and document a Face-to-Face assessment.</p> <p>BH Unit Only: A Face-to-Face Assessment MUST be completed by a Physician or PA within one hour of restraint initiation.</p> <p>Continued use of Violent Restraints BH Unit Only:</p> <p>A Face-to-Face Assessment MUST be completed 30 minutes prior to expiration of the order if continued use of restraints is clinically indicated.</p> <p>Note: A Nurse Practitioner cannot order restraints or complete Face to Face Evaluation.</p>	<p>18 y/o and older</p> <p>9-17 y/o</p> <p>Under 9 y/o</p>	<p>Every 4 hours</p> <p>Every 2 hours</p> <p>Every 1 hour</p>

1. Select: **Obtain Violent Restraint Order Task.**
 - a. Click: **Document.**
 - b. Complete all yellow fields.
 - c. Sign.