PowerChart Restraint Documentation for IView

Restraint orders and documentation are categorized into 2 types for inpatients. The first and most common type or “generic restraints” is reviewed below and is used primarily for patients who are interfering with medical treatment. The second type, Behavioral Health Restraints, is reviewed later in this document. Be sure the correct restraint order has been placed for your patient. See MCGHI’s Restraint and Seclusion Policy 14.90 for details.

http://www.hi.mcg.edu/aboutus/PDFPolicies/14_90_r2.pdf

Both types of restraint orders can be found by searching PowerOrders using “rest” and “contains.” A Physician should choose the proper restraint order for the patient. Selecting “Restraint Initiation” from the PowerOrders list, and then “Done” opens the restraint order details. This order contains 2 required fields; Reason for Restraint and Restraint Type. These fields must be completed and the order signed.

Note: MCGHI’s policy for restraint orders states that, “A written order, based on examination of the patient by the physician primarily responsible for the patient’s ongoing care must be entered into the patient’s medical record within one hour of initiation of restraints” (MCG Policy 14.90, Page 3 of 8, 04/2010).
Once the restraint order details are entered and signed, a Restraint Monitoring IView task will flow to the Scheduled Patient Care tab of the Task List. Restraint documentation must occur on initiation, at the appropriately prescribed interval for the specific type of restraint, and at restraint discontinuation. Restraint documentation can be done more frequently than required; however, documentation cannot be done less frequently than required.

**Note:** MCG policy requires assessment and documentation of the restrained patient at least every 2 hours regarding the physical safety, physical and psychological status, comfort, readiness for discontinuation of restraint or seclusion, and attention to physical needs.

The Restraint Monitoring task opens the Restraint Monitoring flowsheet enabling the nurse to complete the appropriate restraint charting due at that time. Below is a screen shot of the entire task as it opens from Activity View.
The first section of the flowsheet contains the information that is to be documented on initiation and reassessment of restraints. There is Reference Text available behind several items to support decision making in answering the questions. The Reference Text is denoted by blue lettering. By correctly completing the Restraint Initiation Time and the Current Date/Time, the system will automatically calculate the Total Days in Restraint.

The monitoring section is a dynamic group where the actual location and type of restraints are documented. To document, click on the grid and a pop-up box will open. The required fields of Restraint Location and Restraint Type will become the label of the dynamic group. Answer these questions, and then choose "OK" at the bottom right of the pop-up box.
**Note:** The MCG Restraint and Seclusion Policy states, “the least intrusive means of protecting the patient, staff, or others should be implemented first. Non-physical techniques are the preferred intervention. All possible alternatives to restraint should be explored” (MCG Policy 14.90, Page 2 of 8, 04/2010).

Q2 hour charting will look like the example below where several reassessments are charted.

<table>
<thead>
<tr>
<th>Restraint Monitoring</th>
<th>12:00 - 12:59</th>
<th>11:00 - 11:59</th>
<th>10:00 - 10:59</th>
<th>09:00 - 09:59</th>
<th>08:00 - 08:59</th>
<th>07:00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiation/ Reassessment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Restraint Order in Chart</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reassessment of Need for Restraints</td>
<td>Confused...</td>
<td>Confused...</td>
<td>Confused...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior Requiring Restraints</td>
<td>Comfort ...</td>
<td>Bed alar...</td>
<td>Comfort ...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restraint Alternatives Attempted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Monitoring Information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restraint Initiation Time</td>
<td>5/18/20...</td>
<td>5/18/20...</td>
<td>5/18/20...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Date/ Time</td>
<td>5/21/20...</td>
<td>5/21/20...</td>
<td>5/21/20...</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the restraints are moved, (not just repositioned; for example a left wrist restraint changed to a right wrist restraint as in the charting below) the old dynamic group should be inactivated by right clicking on the dynamic group and choosing Inactivate, then create a new dynamic group with the new location as the label. If the restraints are moved again and a dynamic group already exists for that location, reactivate the group for documentation by right clicking and choosing Activate.
Be sure to chart in the Discontinuation section when restraints are removed. Do not chart a temporary release as a discontinuation. A temporary release should be charted on the Restraint Interventions line in the Monitoring section. Only when the patient has been assessed as ready for release and restraints are being removed permanently should a discontinuation be charted. When the restraints are removed permanently, the restraint order should be discontinued.

Accurately completing the Current Date/Time and the Restraint Initiation Time in the Initiation/Reassessment section at discontinuation will generate a calculation for the Total Days in Restraints item.

**Note:** “When a restraint or seclusion is terminated before the original time-limited order expires, a new order must be obtained prior to re-initiating restraint or seclusion” (MCG Policy 14.90, Page 3 of 8, 04/2010).

The Education Topics section (specifically relating to restraints) must be completed at least every 24 hours while the patient remains in restraints. All restraint education, the education recipients, as well as teaching methods and evaluation are documented in this section.
Alerts and Reordering

An alert fires for both physicians and nurses prior to a restraint order expiring. The alert serves as a reminder to reassess the patient for the need for restraints and to renew or discontinue the restraint order.

The physician has 3 options for renewing the order. If the current order has expired, he/she can place a new restraint order or copy the current order when renewing. If the order is still active, he/she should cancel/reorder the original order when renewing. If copying or reordering the order, review the order details to make sure they are still applicable to the patient/situation.

Note: MCGHI’s Restraint and Seclusion Policy states, “Standing orders or PRN orders are not acceptable for restraint or seclusion. The order for restraint or seclusion must state the reason for the restraint or seclusion; acknowledge the less intrusive interventions that were attempted, the type of restraint being ordered, and the time limit for the restraint or seclusion (less than 24 hours). Every 24 hours, a physician primarily responsible for the patient’s ongoing care must see and evaluate the patient before writing a new order for restraint or seclusion” (MCG Policy 14.90, Page 2 of 8, 04/2010).
BEHAVIORAL HEALTH RESTRAINTS

The use of Behavioral Health Restraints is limited to 9N, 3S, ICUs, and the Emergency Department. Seclusion may only be utilized on the Behavioral Health units and in the Emergency Department. Patients placed in this type of restraint or seclusion require monitoring at least every 15 minutes. A patient placed in four-point restraints must also be assessed at least every 15 minutes. A patient who is simultaneously restrained and secluded must be continually monitored by trained staff either in person or through the use of video and audio equipment that is in close proximity to the patient.

If this type of restraint is to be used for a patient, be sure the physician places the correct order. Do not use the “Restraint Initiation” order for this type of restraint/seclusion; use the “Behavioral Health Restraint Initiation.” The time limitations for the orders and the frequencies for monitoring are different for the 2 types of restraints. Both restraint orders contain the same order detail fields.
Restraint or seclusion orders for patients exhibiting violent behavior jeopardizing the immediate physical safety of themselves, staff, or others must be ordered and renewed within the following limits:

- 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 under 9 years of age

**Note:** These orders may be a verbal (telephone) order to a licensed nurse based upon the nurse’s most recent assessment of the patient, up to the maximum 24 hour time frame. (MCG Policy 14.90, Page 4 of 8, 04/2010)

An evaluation within one hour of initiation of restraints or seclusion used for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff or others must be conducted by a physician or other licensed independent practitioner trained in the use of restraints.

The documentation of Behavioral Health Restraints is the same as for “generic” restraints with the exception the time intervals for Behavioral Health documentation are more frequent.
Deaths Associated With the Use of Restraint / Seclusion

Specific guidelines must be followed in the event of a death of a patient in restraints or seclusion. The following excerpt is from the MCGHI Restraint and Seclusion policy.

1. Within the death packet that is completed at the time of death, the nurse will provide the following restraint related information:
   a. Patient was in restraint or seclusion at the time of death
   b. Patient had been in restraints or seclusions within 24 hours of his/her death
   c. Patient was in restraints within one week of his death.

   If the death meets (a) or (b) noted above, the nurse caring for the patient must complete the ‘Hospital Restraint/Seclusion Death Report Worksheet’ and fax it to the Nursing Supervisor.

2. Quality Management staff will check the Nursing Supervisor’s office Monday – Friday for such reports. When found, Quality Management will review to validate and prepare report for submission based on the initial worksheet submitted.

3. If restraint death validated, VP for Patient Care, Quality and Safety, will be notified and will review, notifying the CEO of reportable restraint death. Once approval given, Quality Management will notify CMS of the restraint death.

4. Quality Management Department will document CMS notification (day and time) in the medical record. This will be accomplished through email notification to Director of HIMS or Assistant Director of HIMS to make an entry into the medical record in the progress notes.

5. Quality Management will also notify Risk Management Department of a restraint death notification to CMS.

6. A notification log will be maintained in Quality Management to record all submissions to CMS of ‘restraint deaths’

7. Additionally a death known to the hospital that occurred within one week after restraint or seclusion when it was reasonable to assume that the use of restraints or seclusion contributed directly or indirectly to the patient’s death, will be validated by Quality Management. If determined to meet criteria for reporting the VP for Patient Care, Quality and Safety will notified and review, notifying the CEO of any reportable restraint death in this category. Once approval given, Quality Management will submit the required report to CMS and document the report in the CMS Restraint Death Notification Log. (MCG Policy 14.90, Page 5 of 8, 04/2010)