

		Non-Violent Restraint	Violent Restraint			
		Medical	Twice-As-Tough	Manual (Physical Holding)	Seclusion	Chemical
		Any manual method, mechanical device, material, or equipment that immobilizes or reduces the ability of the patient to move his or her arms, legs, body, or head freely	Any manual method, mechanical device, material, or equipment that immobilizes or reduces the ability of the patient to move his or her arms, legs, body, or head freely	The application of force to physically hold a patient against the patient's wishes is considered a manual restraint. Security may assist in holding a patient for the administration of an involuntary medication or application of twice-as-tough cuffs.	Involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may only be used for violent or self-destructive behavior	When the intent of a drug or medication is used to restrict or manage the patient's behavior or freedom of movement <u>AND</u> is not a standard treatment or dosage for the patient's condition.
		Elbow immobilizer for post op cleft palate to prevent patient from putting fingers in mouth is considered a restraint. A patient in a zipped Posey bed so that they cannot remove self is considered a restraint.	Twice-as-tough cuffs applied for violent behavior to self or others is considered a restraint.	Security holding a patient in order for staff to apply restraints and/or administer an IM medication is considered a manual restraint.	Holding the door closed to a patient room while the patient is actively trying to open the door/leave the room is considered seclusion.	Administering a medication <u>outside</u> of the standard treatment for the patient, and a dose <u>higher</u> than the standard of care <u>and</u> the intent to modify the patient's behavior is a chemical restraint. If the medication is part of standard treatment, whether scheduled or on an as needed basis, it is a treatment and is NOT considered a chemical restraint. Whether or not a medication is considered a chemical restraint is dependent on nationally recognized standards of care. Examples of these medications include: Zyprexa, Haldol, etc.
Nursing	Safety Check/ Cont. Visualization	Document safety check Q 30 minutes	Continuous visualization Document Q 15 minutes on Observation Record	Continuous visualization Document Q 15 minutes on Observation Record	Continuous visualization Document Q 15 minutes on Observation Record	Continuous visualization Document Q 15 minutes on Observation Record
	RN Assessment	Q 2 hours	Q 30 minutes	N/A Document start/stop times	Q 30 minutes until seclusion discontinued If seclusion w/ chemical restraint Q 15 minutes x2, then Q 30 minutes until return to 'baseline'	Q 15 minutes x2, then Q 30 minutes until return to 'baseline'
	RN Assessment Details *May be delegated to HCT as appropriate	<ul style="list-style-type: none"> Assessment to determine the need to continue & rationale Circulation Skin integrity Provide hygiene* Behavior & response Mental status Elimination needs* Range of motion exercises & repositioning* Hydration/nutrition* 	<ul style="list-style-type: none"> Assessment to determine the need continue & rationale Circulation Skin integrity Provide hygiene* Behavior & response Mental status Elimination needs* Hydration* Nutrition (offer finger foods Q4 hours with disposable precautions)* 	<ul style="list-style-type: none"> Document start and stop time 	<ul style="list-style-type: none"> [Q 30 min] Assessment to determine the need to continue & rationale [Q 1 hr] offer fluids & elimination* [Q 4 hr] offer finger foods with disposable precautions* Seclusion w/chemical restraint [Q 15 min x2, then Q 30 min] Assessment, vital signs, medication response per nursing judgment [Q 1 hr] offer fluids & elimination* [Q 4 hr] offer finger foods on disposable precautions* 	<ul style="list-style-type: none"> Assessment: respiratory & circulatory status, response to medication** Vital signs** Response to medication Hydration* Elimination needs* [Q 4 hrs] off finger foods on disposable precautions* <p>**At minimum a MODIFIED assessment (Respiratory status and circulation/perfusion) MUST be documented at the above intervals</p>
	Release/Discontinue	Q 2 hours <u>if safe</u> Document release time Document time discontinued	Release and ROM Q 2 hours* Q 30 minutes if safe Document time discontinued	Q 1 hour if safe Document time discontinued	Consider Q 30 minutes if safe Document time discontinued	N/A
	EPIC Flowsheet	Non-Violent Restraint Flowsheet	Violent Restraint Flowsheet	Violent Restraint Flowsheet	Violent Restraint Flowsheet	Violent Restraint Flowsheet
Providers	Orders	Every 24 hours	Age ≥ 18 years old: Q 4 hours Age 9-17 years old: Q 2 hours Age < 9 years old: Q 1 hour	Age ≥ 18 years old: Q 4 hours Age 9-17 years old: Q 2 hours Age < 9 years old: Q 1 hour	Age ≥ 18 years old: Q 4 hours Age 9-17 years old: Q 2 hours Age < 9 years old: Q 1 hour	Age ≥ 18 years old: Q 4 hours Age 9-17 years old: Q 2 hours Age < 9 years old: Q 1 hour
	PRN Orders	Not permitted	Not permitted	Not permitted	Not permitted	Not permitted** **The availability of PRN medication to manage behavioral outbursts, such as aggressive or violent behavioral is standard for the patient's condition. Therefore, this is not a chemical restraint since it is a standard treatment or dosage for the patient's medical or psychiatric condition
	Face-to-face Assessment & Restraint Note	Within 24 hours (Validate need and rationale for use)	Within 1 hour of each application and order renewal (Validate need and rationale for use)	Within 1 hour of each application and order renewal (Validate need and rationale for use)	Within 1 hour of each episode and order renewal (Validate need and rationale for use)	Within 1 hour of each administration (Validate need and rationale for use)