

## Fact Sheet for Physicians or Other Authorized Professionals on Restraint Memorial Hermann Health System

Dear Practitioner:

You are authorized by your scope of practice, and privileges granted by the medical staff, to order the use of restraints. Your signature below indicates that you have reviewed and understand the organization's policy regarding the care and management of patients placed in restraints. Key policy requirements are reiterated as follows:

### **Policy Statement & Patient Rights**

All patients have the right to be free from physical or mental abuse and corporal punishment. All patients have the right to be free from restraint, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraints will only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and will be limited to clinically appropriate situations. Alternative and less restrictive interventions must be used to protect the patient's health, welfare and safety prior to the use of restraints. The least restrictive form of restraint that protects the physical safety of the patient, staff, or others should be used. When restraints are necessary, such activity will be undertaken in a manner that protects the patient's health and safety and preserves his or her dignity, rights, and well-being.

### **Prohibitions to Use of Restraint**

The use of restraint for the following reasons is strictly prohibited:

- Use that is based solely on a patient's restraint history or solely on a history of dangerous behavior
- Use as a convenience to staff
- Use as a method of coercion or as punishment
- Use as a routine prevention of patient falls

### **Requirements for Patient Assessment & Ordering of Restraint**

The use of restraints must be in accordance with the order of a physician or authorized professional who is responsible for the care of the patient. The attending physician must be consulted as soon as possible if the attending physician did not order the restraint.

Orders for the use of restraints must never be written as a standing order or on an as needed basis (PRN). Each order for restraint must contain at least the following information:

- The name of the patient being restrained
- The date and time of the order
- The name of the physician or authorized professional ordering the restraint
- The type of restraint to be applied
- The time limit (duration) of the restraint
- The appropriate clinical justification for the restraint

The initial order for restraint for non-violent reasons must be time limited and shall not exceed 24 hours. Renewal orders for restraint shall be obtained at least once each calendar day. Renewal orders shall be based on an examination of the patient by the physician or authorized professional.

A physician must examine the patient within 24 hours of initiation of restraint for non-violent reasons.

**Restraints used for a patient who is violent or self-destructive:**

A face-to-face evaluation must be completed by a physician or authorized professional who has been trained in accordance with the requirements of this policy within one (1) hour after the initiation of the restraint for the violent or self-destructive, violent patient. The purpose of the face-to-face evaluation is to assess: the patient's immediate situation; the patient's reaction to the intervention; the patient's medical and behavioral condition; and the need to continue or terminate the restraint. The attending physician or other authorized professional responsible for the care of the patient must be consulted if the face-to-face evaluation is conducted by a trained RN or physician assistant.

Each order for restraint used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others may only be ordered/renewed in accordance with the following limits for up to a total of 24 hours:

- Four (4) hours for adults age 18 and older
- Two (2) hours for children and adolescents ages 9 to 17
- One (1) hour for patients under age 9

Printed Name: \_\_\_\_\_  
Practitioner

Signature: \_\_\_\_\_ Date: \_\_\_\_\_