

**YOUR HOSPITAL
ORIGINATING DEPARTMENT: NURSING COUNCIL**

TITLE: RESTRAINT PROTOCOL
FOR PATIENTS AT RISK FOR FALL

POLICY # _____

AFFECTED DEPARTMENTS: PATIENT CARE SERVICES

APPROVED: MEC

EFFECTIVE DATE: FEBRUARY 1998

PROTOCOL:

It will not be necessary to obtain a physician's order for the protocol, however, a qualified registered nurse must record and complete the criteria on the 24 hour restraint flow sheet. The RN may institute this protocol after an assessment of the patient and if the patient has met the criteria. Least restrictive measures will be attempted and found to be ineffective before the application of restraints. The patient's family will be notified of the need to apply restraints and will be given the opportunity to attend the patient prior to the application of restraints.

CRITERIA:

IF THE PATIENT HAS ONE OF THE FOLLOWING CONDITIONS (Check the appropriate category/categories in each section)

- Dementia
- Delirium
- Neurological impairment
- Altered level of consciousness
- Cognitive impairment

AND/OR

- Patient is unable to comprehend the seriousness of his/her condition.
- Patient is unable to comprehend the need for treatment
- Patient is unable to benefit from patient education and/or follow instructions.

AND HAS THE PRESENCE OF ANY OF THE FOLLOWING

- History of falls during previous hospitalization.
- Fall within last 3 months.
- Unsteady gait/balance.
- Uncorrected hearing/vision defects.
- Corrective hearing/vision devices not available
- Bowel/bladder frequency or incontinence
- Medications administered for the purpose of altering level of consciousness (i.e. pre-operative/pre-procedure medications, sedatives)

THEN

The RN may authorize the use of an appropriate restraining device (check device used)

- Soft limb restraint _____
(specify number and location)
- Side rails _____
- Posey restraint _____
- Other _____
- RN documents initial assessment and justification for restraint use.

RN ENSURES:

- Application and maintenance of device following the nursing procedure.
- A minimum of every 60 minutes observation.
- Every two hour release of the device(s) while the patient is awake.
- Every two hour toileting/changing are provided.
- Every two hour fluids, nourishment and range of motion exercises are provided.
- The licensed nurse assess the patient for continued need of the restraint every shift and documents same.
- The Quality Management team evaluates the use of restraint as part of the hospital Improvement of Performance Program.

Approved by the Medical Staff

Date

Approved by the Hospital Board

Date

Approved by YOURHospital Date

Approve by Nursing Practice Council

Date