

behavioral restraint, the nurse should assess the patient's mental, behavioral, and physical status to determine the cause for the child's potentially harmful behavior. If behavioral restraints are indicated, a collaborative approach involving the patient (if appropriate), the family, and the health care team should be used.

Unless state law is more restrictive, behavioral restraints for children must be reordered every 1 hour for children younger than 9 years old and every 2 hours for children 9 to 17 years old; orders for adults 18 years old and older are required every 4 hours. A licensed independent practitioner or specially trained nurse must conduct an in-person evaluation within 1 hour and at least every 24 hours to continue restraints.

Children in behavioral restraints must be observed and assessed according to facility policy, typically continuously, every 15 minutes, or every 2 hours. Assessment components include signs of injury associated with applying restraint, nutrition and hydration, circulation and range-of-motion of extremities, vital signs, hygiene and elimination, physical and psychological status and comfort, and readiness for discontinuation of restraint. The nurse must use clinical judgment in setting a schedule within the facility's policy for when each of these parameters needs to be evaluated.

Non-violent/non-self-destructive patients may also require restraints. Examples of non-behavioral restraints include removal of an artificial airway or airway adjunct for delivery of oxygen, indwelling catheters, tubes, drains, lines, pacemaker wires, or disruption of suture sites. The medical-surgical restraint is used to ensure that safe care is given to the patient. Patient confusion, agitation, unconsciousness, or developmental inability to understand direct requests or instructions also are examples of when non-behavioral restraints may be required to maintain patient safety. The potential risks of the restraint are offset by the potential benefit of providing safer care.

Non-behavioral restraints can be initiated by an individual order or by protocol; the use of the protocol must be authorized by an individual order. The order for continued use of restraints must be renewed each day. Patients are monitored per facility policy, typically at least every 2 hours.

Restraints with ties must be secured to the bed or crib frame, not the side rails. Suggestions for increasing safety and comfort while