

- PC.30.2 The most responsible physician performs periodic assessment and reassessment as dictated by the patient's condition (particularly, blood circulation to the limbs restrained).
- PC.30.3 The least restrictive and most effective means of restraints are always used.
- PC.30.4 Use of restraints must be appropriate and safe for patient and staff, used as a last resort, and in conformance with applicable laws and regulations.
- PC.30.5 Patient's dignity and rights are protected and preserved, including preventing visibility by others and covering the patient when attending to the patient's physical needs.
- PC.30.6 Nursing staff provide periodic monitoring of the restrained patient.
- PC.30.7 Patients are reassessed on a frequent basis (at least hourly and as appropriate).
- PC.30.8 Appropriate interventions are performed when the patient's circulation is being impaired.
- PC.30.9 Appropriate interventions are performed for side effects related to major tranquilizers.
- PC.30.10 All assessments, reassessments, monitoring findings, orders, and interventions are properly documented in the patient's medical record.
- PC.30.11 An alarm system is available in the room and at nursing station for immediate help or assistance.
- PC.30.12 Staff members involved in restraint are trained and competent.

PC.31 Crash carts are readily available for cardio- pulmonary resuscitation (CPR).

- PC.31.1 The hospital has standardized crash carts that are readily available in all patient care areas.
- PC.31.2 The crash carts are adequately equipped and supplied with age specific requirements, including emergency medications, defibrillator, oxygen cylinder, suction machine, intubation/airway access equipment, venous access equipment, and intravenous fluids.
- PC.31.3 On every shift, there is a documented process for checking the crash cart by a qualified staff.
- PC.31.4 The crash carts checking includes the defibrillator battery, full oxygen tank, suction machine, pharmaceutical care lock number, ambu bags and reservoirs, drug calculation charts, endotracheal tube (for neonates, pediatrics, and adults) and sharp box.
- PC.31.5 The crash carts are re-stocked/replenished after each use.

PC.32 The hospital has an effective system for the safe provision of care to patients requiring cardio-pulmonary resuscitation.

- PC.32.1 The hospital implements a policy and procedure that guides cardio-pulmonary resuscitation across all hospital areas.
- PC.32.2 The policy and procedure defines the following:
 - PC.32.2.1 A simple number to dial (such as 999) or other mechanism to call when summoning help for a code.
 - PC.32.2.2 The CPR team composition and the team leader.
 - PC.32.2.3 Roles and responsibilities of the staff who first discover the code, the team leader and the code team members.
 - PC.32.2.4 The team member responsible for documenting events with date and time.
 - PC.32.2.5 How the medications given during the resuscitation are prescribed.
 - PC.32.2.6 How the medications in the emergency cart are timely replenished.
 - PC.32.2.7 The CPR form that is used to standardize documentation of the CPR
- PC.32.3 The CPR form includes at least the following information:
 - PC.32.3.1 The name of the patient.
 - PC.32.3.2 The date, time and location of the code.