



PC.29.2 Monitoring requirements for both physical and chemical restraints are clearly identified in the policy including equipment needed and the type and frequency of monitoring and its documentation.

PC.29.3 Patients are restrained only after an order by the most responsible physician or designee.

PC.29.4 The restraint order should be renewed at least every 24 hours.

PC.29.5 Patients are restrained as described in the relevant policy.

Standard Intent:

Hospitals provide a variety of services, some of which are considered high risk that can cause harm to the patient as restraint. Restraint must be limited for only indicated patients. Hospital must develop a policy to guide the process of restraint to ensure patient safety as priority. Only the most responsible physician or a designee can give orders for restraint and the orders should be reviewed at least every 24 hours to verify the need to continue the restraint.

PC.30 Restraints are applied safely and in accordance with professional standards and applicable laws and regulations.

PC.30.1 The most responsible physician assesses and decides on the indication, the most suitable type, and the time required for applying restraints.

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.



Standard Intent:

Restraints as high risk to cause patient harm, hospital must follow professional standards to ensure patient safety, that include the elements in the substandard PC.30.1 through PC.30.12

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, endo-tracheal tube (for neonates, pediatrics, and adults) and sharp box.

PC.31.5 The crash carts are re-stocked/replenished after each use.

Standard Intent:

Availability of standardized crash cart in all areas of the hospital where diagnostic or treatment services are provided to patients is a critical factor in successful resuscitation of patients in cardiopulmonary arrest. Adequate equipment with age specific requirement with standardized process of checking the equipment availability and functionality with process of restocking after each use with proper documentation.

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.