

- 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, endo-tracheal 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.