


**Critical Care Guidelines  
FOR CRITICAL CARE USE ONLY  
PosiMitt Protocol**

Have all routine steps been addressed and documented?

- |                                  |     |                          |
|----------------------------------|-----|--------------------------|
| 1. RASS                          | Yes | <input type="checkbox"/> |
| 2. CAM-ICU                       | Yes | <input type="checkbox"/> |
| 3. Withdrawal/Agitation Protocol | Yes | <input type="checkbox"/> |
| 4. Delirium Protocol             | Yes | <input type="checkbox"/> |

	Y	N	Comments
Do we need to re consider staff to patient ratio?			
Is patient a danger to themselves despite appropriate sedation and management?			
Do risks of over sedation outweigh risks of mechanical restraint <ul style="list-style-type: none"> <li>What is the main risk for the patient? (please specify)</li> <li>Have you considered all other possible aids to avoid that risk (see assessment)?</li> </ul>			
Is PosiMitt appropriate?			
Has capacity been assessed? Complete and date Adult Incapacity certificate (Scotland Act,2000, section 47) If restraint beyond mittens is required, document "appropriate restraint to facilitate treatment".			
Is the appropriate relative or carer aware of need for mechanical restraint and provided with relevant information?			
Decision made by medical staff and nurse in charge			
Signed senior medical staff .....			
Signed senior nursing staff.....			
Date.....			

**REMEMBER** Evaluate effectiveness after 1 hour and every 2 hours thereafter until restraints assessed to be no longer necessary

<b>Title: PossiMitt protocol</b>	
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