Restraints: Four Point Locking Restraint Application

Site Applicability

VGH UBCH

Background Information

SCOPE

This policy pertains to the application of locking 4 point mechanical restraints.

PHILOSOPHY

- The Vancouver Hospital and Health Sciences Centre advocates the least restrictive and most appropriate environment possible.
- Use of a locking mechanical restraint is a temporary measure and careful and ongoing evaluation of the patient must be employed throughout application, and be reflected in clear documentation of the requirement and management of the patient.
- Refer to Patient Care Guideline Application of Restraint" for clarification of other forms of restraint.[D-00-07-30281]
- Refer to Facility Security and Fire Safety policy on restricted use of handcuffs (FSFS29A).Need to Know

Directive / Policy / Standard:

- Locking mechanical restraints shall not be used on a patient at the Vancouver Hospital and Health Sciences Centre unless the patient is considered to be of high risk of imminent physical violence to others or themselves and is not suitable for less restrictive containment such as seclusion etc.
- Use of locking mechanical restraint is the most restrictive level of physical control that can be applied to patients. Its use is permitted only in extreme situations when lesser levels of containment or restraint are ineffective or where the cause of patient aggression is not known and examination of a medical, neurological and psychiatric nature cannot otherwise be conducted due to the patient's level of agitation e.g. psychotic behaviour in the Emergency Department.

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GENERAL CONSIDERATIONS

- A written medical order for locking restraints is required either:
- before application or
- within ONE hour following application
- In an emergency, the application of locking mechanical restraints by the Code White Team or by Security is permissible. **THE PATIENT MUST BE ASSESSED BY A PHYSICIAN WITHIN AN HOUR OF INITIAL APPLICATION OF THE LOCKING RESTRAINT.**
- Use only locking mechanical restraints supplied by the hospital. Do not alter the restraints in any way.
- To continue restraint beyond emergency application, the physician must examine and certify the patient under the Mental Health Act of B.C. and seek consultation from a second physician requesting assessment for a second medical certificate if certification is required beyond 48 hours.
- Patient and/or family will be given explanation as to why the restraint is being utilized.
- A locking restraint order cannot exceed 24 hours and generally should not exceed 8 hours (or lesser period as clinically indicated).
- Assessment of the patient (including mental status) every 8 hours by the interdisciplinary team and a physician to determine continuation of a locking mechanical restraints is required.
- Reassure patient that the restraint will be removed when the determined risk is no longer present, i.e. identify those behaviours which need to change in order to have restraints removed.
- Locking restraints used longer than 24 hours will be reviewed by the Unit Medical Manager and Patient Services Manager.

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Procedure / Recommendations / Assessment:

APPLICATION	CARE AND MANAGEMENT
Locking 4 Point Mechanical: 1. Determine that patient is considered imminently dangerous to others or themselves. 2. Request assistance from Security and/or Code White Team to apply restraints. 3. Attach restraint straps to bed frame. 4. The preferred patient position is supine. Raise the head of the bed as appropriate. 5. Sequence of application of restraints is as directed by the Code White Team leader. 6. Adjust the cuffs for snug fit (1 finger width). 7. Assess need to pad restraints (consider neoprene sleeves). 8. Consider applying a "5th point" with the use of a Posey belt applied to the chest. Tie 5th point to bed frame. A 5th point restraint may be applied to the hip level or slightly above or below knees as indicated. Bed position not to be adjusted when 5th point in place. 9. The restraint key must be in the room at all times (e.g. taped to foot of bed).	**Locking 4 Point Mechanical:** 1. Provide a safe environment for the patient and staff: 1. Remove objects from room that could be used as weapons 2. Keep equipment such as suction tubing and T.V. out of reach of patient 3. Place patient in a room that allows for frequent, easy observation, close to a nursing station. 2. **CHECK PATIENT Q15 MINUTES AND CHART OBSERVATIONS.** 3. Monitor colour, warmth, sensation and movement of restrained limbs every 30 minutes. 4. Orientate to time, person and place prn. 5. Request security presence when removing and repositioning restraints. 6. Remove and reposition restraints every 4 hours (one limb at a time), including range of motion and skin assessment unless contra-indicated by safety considerations. 7. Communication with patient/family: 1. reason for restraint 2. behaviours expected to change before removing restraint 8. Monitor fluid and nutritional status. Assess for safety to release only one arm to allow the client to eat. Provide finger food, ensuring there are no potentially dangerous object on the tray. **CAUTION: HOT LIQUIDS.** 9. Toilet check q4h and prn. 10. Check vital signs q4h or more frequently as needed. 11. Monitor respiratory status with vital signs q4h, position patient to prevent aspiration. 12. Administer medication as ordered by physician. 13. Assess for removal of restraints when patient regains control of behaviour. 1. Request security to attend and remove restraints 2. Allow time with patient to review: a. the behaviour that required restraint b. the restraint experience c. what has been learned

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DOCUMENTATION

1. Notification of physician, time of physician assessment and written order for restraint.
2. Assessment of patient (i.e. specific behaviour requiring use of restraint).
3. Any prior unsuccessful interventions.
4. Patient's response to restraint.
5. Ongoing monitoring and management while restraint is in place.
6. Time initiated, duration of restraint application and frequency of patient checks.
7. Information given to the patient and/or family re the need for restraint.
8. Time restraint removed.

Associated Guidelines / Forms / Educational Material:

Application of Restraint" for clarification of other forms of restraint.[D-00-07-30281]

References

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