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| RESTRAINT MANAGEMENT AND REDUCTION | | | | NO. 245 | |
| It is the policy of Winning Wheels that all residents have the right to be free from any physical restraints imposed; or used for convenience, and not used to treat the residents medical symptoms. The following protocol must be followed should the use of any physical restraint be considered:  PROCEDURES:  1. The facility shall consult with appropriate health professionals, such as physical therapists, occupational therapists and/or certified rehabilitation nurses in the use of less restrictive supportive devices prior to using physical restraints.  2. Less restrictive measures that can serve as restraint alternatives, such as pillows, pads, and self-releasing seatbelts can be effective in achieving proper body position, balance, and alignment and will be utilized wherever possible to alleviate the need for a physical restraint. Environmental and programmatic modifications are also recommended, if appropriate, prior to use of physical restraints.  3. If, after a clinical trial of less restrictive measures, the interdisciplinary treatment team and/or licensed staff assess that a physical restraint would enable and promote greater functional independence, than the use of the restraining device must first be explained to the resident, legal representative and/or family member and, if the treatment alternative is agreed upon, then the restraining device may be used for the specific periods for which the restraint has been determined to be an enabler. Consent must be documented per the facility's restraint acknowledgement form.  4. In the event there are medical symptoms that are life threatening (such as dehydration, electrolyte imbalance -or urinary blockage) then a restraint may be used for brief periods to allow medical treatment to proceed, if there is documented evidence of resident, or legal representative approval of this treatment.  5. There must be a current physician's order for any and all restraints.  6. Restraints must be applied as ordered and must be clean, applied properly, and be of the correct size and fit.  7. The restraint must be released every two hours, and the resident must be ambulated, exercised or repositioned for at  least a ten-minute period. Records of this must be documented on the Restraint Release and Repositioning Record.  Residents must be toileted if needed and checked for redness at least every 30 minutes and given hydration/  nutrition as needed.  8. In the event a restraint must be utilized, and individual restraint reduction program will be developed by licensed  staff and/or the interdisciplinary team, and will be addressed on the patient care plan. If attempts to use less  restrictive devices have been unsuccessful, the type of restraint and circumstance under which the restraint will be  used must be outlined in the care plan.  9. The continuing need for restraint use must be reviewed every 90 days (through reassessment) and quarterly care plan  discussion of possible modifications (i.e. the possibility of a reduction in duration of restraint used or possible use of  less restrictive measures).  10. There must be monthly documentation of the residents’ response to the program by licensed staff with acknowledge-  ment of lack of progress toward goals, if applicable, and their physical, psychosocial and/or functional status. | | | | | |
| Approved: | Effective Date: | Revision Date:    10/2008 | Change No.: | | Page:  1 of 1 |