Objectives

- Discuss the importance of assessing a patient in a restraint or seclusion.
- List the key components included in the one hour face-to-face assessment of a patient in restraints or seclusion.
- Describe the potential dangers associated with the use of restraints or seclusion.

Conflict of Interest Disclosure

The presenter has no conflict of interest or commercial support to disclose for this activity.
Introductory comments

What Competency Based Training is and is not...

Historical Perspective
- The CMS (Center for Medicare and Medicaid) "interim final rule".
- Controversies associated with the rule.
- The current CMS Final Rule now includes "trained" RNs...

Evaluation Includes (CMS rule)
- The patient’s immediate situation;
- The patient’s reaction to the restraint intervention;
- The patient’s medical and behavioral condition; and
- The need to continue or terminate the restraint or seclusion.
Four Key Elements of Evaluation

1) Physical risks of loss of life.
2) Physical dangers and discomforts.
3) Psychological State & Mental Status.
4) Legal and Ethical Considerations.

Key Element 1
Physical Risks of Loss of Life

- Restraint Asphyxia
  - Compromised respirations cause hypoxia
  - Choking from positional airway compromise
  - Aspiration potential from positioning, excess salivation
  - Airway and chest obstruction due to positioning, pressure
  - Obstruction of mouth and nose

Asphyxiation

- Mechanical device strangulates

- Mechanical device causes thoracic and abdominal compression

- Compression of thorax and or abdomen caused by positioning.
Physical Risks of Loss of Life

- Agitated Delirium/Acute Excited State
  - Combination of agitation, aggression and hyperpyrexia
  - Cocaine intoxication
  - Adrenal catecholamine rush
  - Metabolic Acidosis

Physical Risks of Loss of Life

- Cardiac Complications
  - Arrhythmias
    - Catecholamine release is followed by epinephrine and norepinephrine output
    - Stress and exertion
    - Psychopharmacological - Q-T Prolongation
  - Cardiac collapse
    - Physical trauma

Warning of Cardiopulmonary Arrest

- Cessation of the struggle against the restraints and

- Respiratory distress evidenced by shallow or labored breathing…
Review Question

The two most prevalent reasons that patients die in a restraint are:
A) Circulatory
B) Neurologic
C) Gastro-intestinal
D) Respiratory

Comparative Risks r/t Positioning

<table>
<thead>
<tr>
<th></th>
<th>Prone</th>
<th>Supine</th>
<th>Seated</th>
<th>Standing</th>
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<tr>
<td>Aspiration</td>
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<td>X</td>
<td>Less</td>
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<td>Obesity</td>
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Based on Table By Tiesha Johnson With permission

Key Element 2
Physical Dangers & Discomforts

Observe total physical positioning and condition
- Mechanical restraint checks
  - Potential for laceration, bruising
- Body position
  - Potential for strangulation
- Clothing and bedclothes
  - as above
Physical Dangers & Discomfort

- Obesity
  - Multiple “cases” identified – high risk
- Nerve Damage
  - Positioning-body/restraint applications
- Head Trauma
  - Self Induced/Other Induced
- Pressure Ulcers

Mechanical vs. Physical Restraints

- Physically holding a patient with your own body parts.
- Use of “straps” or other devices.

What do you think?

- Which is considered the least restrictive: a physical restraint or a mechanical restraint?
- If I am only holding the patient for a very short time to give them an intramuscular injection of medications- is this a restraint?
- Do we have to ensure that all of the same rules and regulations apply to both physical and mechanical restraints?
Physical Holds
- Consideration for anatomical holding
- Avoid prone position
- Caution regarding out-weighing use of force
- Consider staff fatigue

Seclusion
- Evaluation of the environment
- Safety hazards
- Patient’s medical condition
- Review of record and labs

General Medical Condition
- Specific to this patient
  - Consider ANY and ALL medical problems in the context of the restraints
  - Vital Signs ASAP
  - Review History and Physical
  - Current laboratory values
Pre-Existing Conditions of Concern
- Cardiovascular
- Neurological
- Respiratory
- Metabolic
- Developmental Delay

Special Notice to:
- Fever
- Abnormal blood pressure
- Abnormal pulse and respirations
- Altered skin color
- Breath odor

Review Question
- Does the one hour face-to-face assessment need to be done for physically holding a patient for less than 5 minutes?
  - A) Yes
  - B) No
### Conduct a Review of Systems

- General State of Health
- Skin
- Eyes/Ears/Nose/Mouth/Throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Neurological
- Endocrine
- Allergic/Immunologic

### Environmental

- Room Temperature
- Safety Hazards
- Seclusion:
  - Room Readiness
  - **Room must be always ready for an emergency!**

### Key Element 3

**Psychological State & Mental Status**

- Observation and Assessment
  - Condition prohibiting interview-observation is used
- Possible "formal mental status" via interview?
  - Based on patient’s condition
  - Return at a later time
  - Comparative to previous and future
Psychological Status
- Anxiety
- Fear
- Anger
- Depression
- Hallucinations or delusions
- Disorientation
- Confusion
- Stupor

Mental Status Examination
- The mental status exam in psychiatric nursing offers a comprehensive examination of a person’s emotional state and thinking processes at a given point in time.

Nadler-Moodie, “Psychiatric Principles and Applications for General Patient Care”, Western Schools, 2004

Mental Status Exams
- Different Formats
- Complete and “Mini”
- Specifically earmarked
- Facility specific
Components of the MSE

- General Appearance
  - Physical characteristics
    - Apparent age
    - Grooming, hygiene, dress
    - Posture
- Behavior and Psychomotor Status
  - Body language, movements and facial expression
  - Gestures, mannerisms, movements, gait

MSE Components

- Attitude
  - Examples: angry, dramatic, cooperative, passive
- Affect and Mood
  - Affect is the *expression* of emotional state (usually facial expression)
  - Mood is a *description* of the emotion in words such as depressed, anxious, frightened or angry.

MSE Components

- Speech
  - Characteristics of how the person speaks such as: the quantity of words, how fast or slow, quality
- Thought Processes
  - Form such as flight of ideas, loose associations, circumstantiality, concrete
  - Content evidenced by delusions, suicidal ideas, paranoia
- Perceptual Disturbances
  - Hallucinations, illusions, depersonalization
MSE Components

- Sensorium and Cognition
  - Orientation x 3
  - Alertness, level of consciousness
  - Memory
    - Immediate
      - Tested with 3 objects recall
    - Recent
    - Remote

MSE Components

- General Fund of Knowledge
  - Questions: who is President
  - Simple mathematical calculations
    - Serial 7's: 100, 93, 86, 79 etc.

- Insight and Judgment
  - Description of person’s thinking about current situation and decision-making thoughts

Process of examination

- Patient’s ability, cooperation
- Circumstances
- Abbreviating the exam
- Specific components of an exam
  - Dementia: ability to learn, naming and word finding
Review Question

A full mental status examination must be done as part of the one hour face-to-face assessment for every patient and time they are in a restraint or seclusion?
  – True
  – False

Consider Discontinuation

- Stability of patient
  – Meets criteria for release
  – Debrief potential
- Communicate with the Team

Key Element 4
Legal and Ethical Considerations

- Current laws, regulatory, facility policy
  – CMS, Department of Health Regulations
  – The Joint Commission
  – Policies and Procedures
  – Best Practices
Questions for Consideration

1) Why is the prone position so dangerous?
2) Of the 3 types of restrictive practices physical, mechanical restraints and seclusion, which is the least restrictive?
3) If a hospital unit never uses restraints or seclusion, do they still need to have a seclusion room?

THANK YOU!
For all the wonderful work you do each day to help keep our patients and staff safe!

References

References

- Nadler-Moodie, Marlene MSN, RN, CS; Fossett, Bonnie, MSEd, RN, CS; Thobaben, Marshelle RN, MS, APNP, FNP Psychiatric Principles and Applications of General Patient Care; Western Schools, 2004.