Objectives

- 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.
- Perform a one hour face-to-face assessment of a patient in a restraint or seclusion.

Introductory comments

- Future goal is a restraint-free environment
- What the Competency Based Training is and is not...
History of Seclusion and Restraint

CMS rule for S/R Evaluation

- 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.

Definitions

Physical Restraint: The act of manually holding a patient who is an imminent risk of danger to himself/herself or others

Mechanical Restraint

Restraints may be made of soft or harder material
Neoprene (for Behavioral Restraints only)
Soft Foam Wrist or ankle straps
Roll Belts
All 4 side rails up on a bed
Mitts (secured or unsecured to bed frame)
Chemical Restraint

- A medication that is administered for the main purpose of controlling a patient’s dangerous behaviors. It is not necessarily meant to be therapeutic in any way other than to control behaviors that are dangerous.

Seclusion

- The involuntary confinement of a patient in a room or space to control their dangerous behaviors

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.
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-2

- Agitated Delirium/Acute Excited State
  - Combination of agitation, aggression and hyperpyrexia
  - Cocaine intoxication
  - Adrenal catecholamine rush
  - Metabolic Acidosis
Physical Risks of Loss of Life-3

- 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...

https://edc2.healthtap.com/ht-staging/user_answer/avatars/375870/large/open-uri20120827-27194-1rrafab.jpeg?1386607723

Comparative Risks r/t Positioning

<table>
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<th>Standing</th>
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<tr>
<td>Obesity</td>
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</tbody>
</table>

Based on Table by Tiesha Johnson
With permission
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-2

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

Take a moment to consider...

- Mechanical versus Physical?
- Which is the least restrictive?
- What about physical holds? PTSD?
- Safety checker?
- 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 including a pulse oximetry
  – Review History and Physical
  – Current laboratory values

Pre-Existing Conditions of Concern

- Neurological
- Cardiovascular
- Respiratory
- Metabolic
- Developmental Delay
- Abnormal BP, HR
- Altered skin color
- Abnormal Respirations
- Breath odor
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

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

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, continued (2)

- **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 flat, constricted, or wide

MSE Components, continued (3)

- **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, continued (4)

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

MSE Components, continued (5)

- 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
Consider Discontinuation

• Stability of patient
  – Meets criteria for release
  – Debrief potential

• Communicate with the Team

4) Legal and Ethical Considerations

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

References

• APNA Position Statement on the Use of Seclusion and Restraint (Original, 2000; Revised, 2007; Revised, 2014) http://www.apna.org/i4a/pages/index.cfm?pageid=3728
• APNA Seclusion & Restraint Standards of Practice (Original, 2000; Revised, 2007; Revised, 2014) http://www.apna.org/i4a/pages/index.cfm?pageid=3730
References

References