

Seniors Health – North Zone Restraint Documentation – LTC Meditech Quick Reference Guide

The CCHSS 16.0 requires certain information related to restraint are visible on the care plan and in documentation. This visibility ensures that the appropriate measures were taken when implementing the use of restraints.

Restraint Policy: <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-prov-restraint-hcs-176.pdf>

Restraint interim Procedure: <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-prov-restraint-cont-care-hcs-176-01.pdf>

Follow the **North Zone Restraint Reference Table** as a guide of what to document

- Prior to Restraint Use
- During Restraint Use

Prior to Restraint Use in CC, Document the Following:

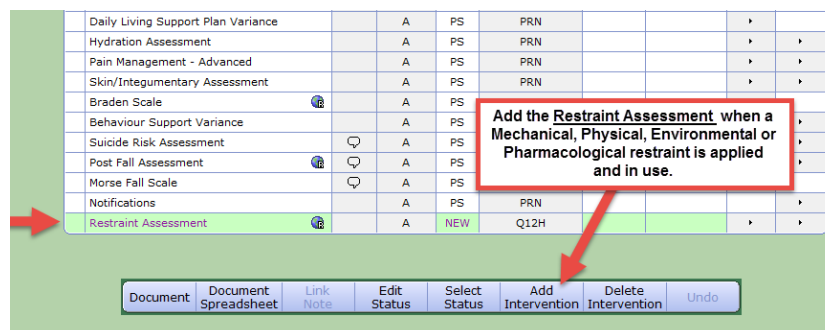
- 1) Identify the behavior that puts the clients or others at risk of harm. Document this in the **Behavior Support Plan Variance** for a minimum of 3 days prior to implementing a restraint.
 - Answer *Primary Behavior, Associated Behaviors, Time of Occurrence, and Frequency of behavior* questions.
 - Answer *Antecedents to the Behavior, Level of Disruptiveness Scale and Consequences of Behavior* questions.
 - Answer *Physical Interventions questions, Staff approach questions, Psychosocial Intervention questions, Medication related questions, and Environmental Intervention* questions. Ensure the *Effectiveness of Environmental Interventions* are answered.
 - Answer the question whether the *Restraint was used and Other Interventions Employed and the Effectiveness* of those interventions used.

Hint: The blue descriptor text will help guide documentation where it is available.

Specifics of Physical Interventions	
	Describe what you did
Effectiveness of Physical Interventions	
	What worked, what didn't?

Once it is identified that a restraint is in use:

- 2) **Add the Restraint Assessment** to the CC residents Intervention List.



Daily Living Support Plan Variance		A	PS	PRN					
Hydration Assessment		A	PS	PRN					
Pain Management - Advanced		A	PS	PRN					
Skin/Integumentary Assessment		A	PS	PRN					
Braden Scale		A	PS						
Behaviour Support Variance		A	PS						
Suicide Risk Assessment		A	PS						
Post Fall Assessment		A	PS						
Morse Fall Scale		A	PS						
Notifications		A	PS	PRN					
Restraint Assessment		A	NEW	Q12H					

Add the Restraint Assessment when a Mechanical, Physical, Environmental or Pharmacological restraint is applied and in use.

Document Document Spreadsheet Link Note Edit Status Select Status **Add Intervention** Delete Intervention Undo

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Note: The Restraint Assessment will also be used for Secure Space documentation.


Document on the Restraint assessment comprehensively on admission, monthly (or at appropriate intervals) and upon significant change. Ensure the following is documented:

- Rationale for Restraint Use/Secure Space
- Root Cause for Restraint Use/Secure Space
- Actions taken to address root cause
- Frequency of Risk Associated with Identified Behavior/Need
- Likelihood of Risk identified/Comment
- Alternatives to restraints trialed/Comment
- Consultations (if applicable)
- Date Restraint discussed with Family/Guardian/Comment and document teaching provided to client/alternate decision maker around Restraints/Secure Space.
- Restraint (Secure Space) Need review Comment
 - If the Interdisciplinary Team (IDT) conversation regarding Restraint/Secure Space need or continuation was previously captured on the Interdisciplinary Conference notes, reference this by typing in the comment. For example, “see Interdisciplinary Conference Notes of October 3/2018 for details of IDT conversation/decision”.
 - If this conversation/decision is not in the Interdisciplinary Notes, enter details (including date) in this section.
- Restraint Assessment Occurrence for applicable restraint type.
 - Enter or update ‘Date of Restraint Order’ (need to obtain order within 72 hours) and ‘Review Date for Restraint’ sections.
 - Under Frequency/Conditions of Restraint Use, for Environmental and Mechanical Restraints document “Initial monitoring was every 15 minutes within the first hour as per AHS procedure”.

3. **Daily Living Support Plan** – this intervention is a part of the residents care plan upon admission and adding of the SOC – CC.

Safety – select which type of restraint applies to the client.

SAFETY			
Type of Safety Device	<input type="checkbox"/> Bed Alarm <input type="checkbox"/> Chair - prevents rising <input type="checkbox"/> Positioning Roll <input type="checkbox"/> Siderail x 4	<input type="checkbox"/> Call Bell <input type="checkbox"/> Lap Belt <input type="checkbox"/> Siderail x 1 <input type="checkbox"/> Vest	<input type="checkbox"/> Chair Alarm <input type="checkbox"/> Pelvic Support <input type="checkbox"/> Siderail x 2 <input type="checkbox"/> Wanderguard



Safety Device Comment – Enter specific information and instructions for the health care team to follow in regards to the restraint chosen. This includes when/how often monitoring the client is to be done,

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Toileting needs, food/nutrition provided, repositioning requirements, and other aspects of client care as per Restraint Procedure.

Safety Device Comment	
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Eg:

Safety Device Comment	Front Fastening Seatbelt - client is not able to unfasten the seat belt on his wheelchair. Seatbelt is applied for safety reasons as discussed with his family at IDTC held May 22/18. See Restraint Asst for further info. Staff to monitor resident q1hourly. Staff to check if resident requires to use toilet q 2 hourly; 2 staff to provide position change q 2 hourly; staff
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(Above comment the first portion of an example comment, continue as per client requirements/needs)

4) **Behavior Support Plan** – this intervention is a part of the residents care plan upon admission and adding of the SOC – CC.

Identify behavior(s) that contribute to restraint use. Provide a detailed description in the comment area.

Eg:

BEHAVIOUR OR MOOD STATE - Occurrence #1		
→ Behavior or Mood	<input type="radio"/> Aggression: Physical <input type="radio"/> Anger:Persistent <input type="radio"/> Complaining <input type="radio"/> Elopement Risk <input type="radio"/> Inapprop:Dress/Disrobing <input type="radio"/> Inapprop:Spitting <input type="radio"/> Manipulative <input type="radio"/> Recurrent Fears <input type="radio"/> Rep. Health Complaints <input type="radio"/> Repetitive Sentences <input type="radio"/> Rummaging <input type="radio"/> Self Deprecation <input type="radio"/> Shadowing <input type="radio"/> Stealing <input type="radio"/> Unrealistic Fears <input type="radio"/> Other <input style="width: 100px;" type="text"/>	<input type="radio"/> Aggression: Property <input type="radio"/> Attention Seeking <input type="radio"/> Delusions <input type="radio"/> Hallucinations <input type="radio"/> Inapprop:Eating/Drinking <input type="radio"/> Insomnia <input type="radio"/> Negativity <input type="radio"/> Reduced Soc. Interaction <input type="radio"/> Repetitive Mannerisms <input type="radio"/> Resistance to Care <input type="radio"/> Sad or Worried Mood <input type="radio"/> Sexually Inapp: Physical <input type="radio"/> Sleep Disturbances <input type="radio"/> Trespassing <input checked="" type="radio"/> Wandering
Detailed Description	<input type="radio"/> Aggression: Verbal <input type="radio"/> Crying, Tearfulness <input type="radio"/> Disruptive Noises <input type="radio"/> Hoarding <input type="radio"/> Inapprop:Elimination <input type="radio"/> Intentional Falling <input type="radio"/> Pacing <input type="radio"/> Rep. Anxious Complaints <input type="radio"/> Repetitive Questions <input type="radio"/> Restlessness <input type="radio"/> Self Abusive Behavior <input type="radio"/> Sexually Inapp: Verbal <input type="radio"/> Socially Isolates Self <input type="radio"/> Unpleasant Mood <input type="radio"/> Withdrawn	
	Resident wanders during waking hours when in wheelchair. Resident is able to self propel w/c and will wheel self out of building without appropriate outdoor clothing. Resident will wheel self onto highway outside of the building,cognitively unaware of the potential of harm to self from on-coming highway traffic. Situtation discussed at family meeting on Mar	

(Above comment the first portion of an example comment, continue as per client requirements/needs)

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Signs of Escalation	<input type="checkbox"/> Accusatory Language <input type="checkbox"/> Decline/Reasoning Ability <input type="checkbox"/> Hand Wringing <input type="checkbox"/> Increased Paranoia <input type="checkbox"/> Increased Suspiciousness <input checked="" type="checkbox"/> Pacing <input type="checkbox"/> Self-Mutilation <input type="checkbox"/> Speech Volume Increase <input type="checkbox"/> Voice Tone Increase <input type="checkbox"/> Wandering	<input type="checkbox"/> Attention Seeking <input type="checkbox"/> Door Slamming <input type="checkbox"/> Increased Anxiety <input type="checkbox"/> Increased Resistance/Care <input type="checkbox"/> Less Distractable <input type="checkbox"/> Psychomotor Agitation <input type="checkbox"/> Shadowing Co-residents <input type="checkbox"/> Targeting Co-residents <input type="checkbox"/> Wanting to Leave	<input type="checkbox"/> Dark/Intense Look <input type="checkbox"/> Gesturing <input type="checkbox"/> Increased Demands <input type="checkbox"/> Increased Restlessness <input type="checkbox"/> Opportunistic Behavior <input type="checkbox"/> Rapid Speech <input type="checkbox"/> Shadowing Staff <input type="checkbox"/> Targeting Staff <input type="checkbox"/> Withdrawing
Escalation			
Consequences of Behavior to Individual	<input type="checkbox"/> Delayed Treatment <input type="checkbox"/> Missed Treatment <input type="checkbox"/> Injury to Self/Others <input type="checkbox"/> Isolation From <input type="checkbox"/> Loss of Privacy <input type="checkbox"/> Loss of Independence <input type="checkbox"/> Increased Risk <input type="checkbox"/> Loss of Dignity <input type="checkbox"/> Loss of Self-Respect <input type="checkbox"/> Increased Agitation		
to Unit	<input type="checkbox"/> Broken Relationships <input type="checkbox"/> Delayed Treatment <input type="checkbox"/> Increase Agitation		
to Staff	<input type="checkbox"/> Broken Relationships <input type="checkbox"/> Frustration <input type="checkbox"/> Personalized		
Consequences of Behavior Comment			
PHYSICAL Antecedents to Behavior	<input type="checkbox"/> Constipation <input type="checkbox"/> Infection <input type="checkbox"/> Pain <input type="checkbox"/> Sleep Patterns		
INTELLECTUAL Antecedents to Behavior	<input type="checkbox"/> Developmental <input type="checkbox"/> Initiation Loss <input type="checkbox"/> Language Loss <input type="checkbox"/> Purposeful Movement		
EMOTIONAL or SPIRITUAL Antecedents to Behavior	<input type="checkbox"/> Adjustment Issues <input type="checkbox"/> Delusions <input type="checkbox"/> Ineffective Coping		
CAPABILITY Antecedents to Behavior	<input type="checkbox"/> Cognitive Ability <input type="checkbox"/> Language Loss <input type="checkbox"/> Physical Ability Change <input type="checkbox"/> Recognition Loss <input type="checkbox"/> Staff Expect Too Much		
ENVIRONMENTAL Antecedents to Behavior	<input type="checkbox"/> Access to Outdoors <input type="checkbox"/> Coloring <input type="checkbox"/> Crowding <input type="checkbox"/> Lack of Privacy <input type="checkbox"/> Lighting <input type="checkbox"/> Noise <input type="checkbox"/> Overstimulation <input type="checkbox"/> Relocation <input type="checkbox"/> Routine Changes <input type="checkbox"/> Shared Room <input type="checkbox"/> Staff Approach <input type="checkbox"/> Temperature <input type="checkbox"/> Understimulation		
SOCIAL Antecedents to Behavior	<input type="checkbox"/> Capability Loss <input type="checkbox"/> Client Mix <input type="checkbox"/> Cultural Heritage <input type="checkbox"/> Family Dynamics <input type="checkbox"/> Interaction with Family <input type="checkbox"/> Interaction With Staff <input type="checkbox"/> Lack of Peer Group <input type="checkbox"/> Loss of Community <input type="checkbox"/> Meaningful Activity Loss <input type="checkbox"/> Role Losses <input type="checkbox"/> Social History <input type="checkbox"/> Social Interactions		

Complete the rest of the Behavior Support Plan assessment.

Answer ALL questions on the assessment in regards to the chosen behavior.

- Escalation of Behavior questions
- Consequences of Behavior questions
- Antecedents to Behavior questions
- Prevention Strategies
- Management Strategies
- Frequency of Monitoring

**** Repeat process when a second behavior may be involved in the application and use of a Restraint.**