

Information to Consider When Restraint is used

Addictions and Mental Health - Inpatient

The following information should be considered when restraint is used in Addictions and Mental Health Inpatient:

1. Clinical Assessment

- 1.1. Medical symptoms, and patient's actions and/ or behaviour leading to consideration of restraint use;
- 1.2. Functional status/contributing factors leading to consideration of restraint use; and
- 1.3. Methods/strategies used to address medical symptoms, and patient's actions and/or behaviours prior to consideration of restraint use.

2. Environmental Assessment

- 2.1. Environmental factors contributing to behaviours leading to consideration of restraint use (e.g., noise, lighting, procedures, people).

3. Planning

- 3.1. Any discussion with the patient or alternate decision-maker;
- 3.2. Rationale for and goals of restraint use;
- 3.3. Least restrictive restraint selected; and
- 3.4. Plan for reducing or eliminating restraint use.

4. Implementation

- 4.1. Recommended timeline to notify Physician or Nurse Practitioner and obtain order needed (as soon as possible);
- 4.2. Informed consent (in accordance with Alberta Health Services [Consent to Treatment/Procedures\(s\) policy suite](#)) and order;
- 4.3. Use of Protective Services and/or number of staff involved;
- 4.4. Search and removal of potentially harmful personal possessions; as per the AHS [AMH Safety Precautions Policy](#);
- 4.5. Use of restraint (type, size, period of time, documentation review); and
- 4.6. Monitoring.

5. Review and Evaluation

- 5.1. Review of need for continued use of restraint or for the discontinuation of restraint;
- 5.2. Effectiveness of chosen restraint;
- 5.3. Patient's response to restraint, including debriefing with the patient, if possible; and
- 5.4. Add relevant information to the Reporting and Learning System (RLS) (recommended).