

Monitoring and Documentation Requirements

Critical Care

Restraint Type	Assess & Document <i>Assessment includes the determination of the least restrictive restraint possible or discontinuation of restraint.</i>	Frequency of Assessment, Monitoring & Documentation
Physical		
Direct application of physical holding techniques to a patient that involuntarily restricts his or her movement.	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Ensure holding technique allows for <u>patient airway</u> and effective respirations. <input checked="" type="checkbox"/> Least amount of physical force is used to keep patient and/or others safe while preparing alternative action (e.g. mechanical restraint, Code White). <input checked="" type="checkbox"/> Document situation leading up to restraint event, description of the event and outcome. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Continuous monitoring during event. <input checked="" type="checkbox"/> One entry into patient care record per episode.
Environmental		
Example: crib canopy	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Correct position and function of restraint. <input checked="" type="checkbox"/> Discussion with patient and/or ADM (if applicable) 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Every 1 hour & PRN
Mechanical		
All	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Indication for restraint <input checked="" type="checkbox"/> Patient response to restraint <input checked="" type="checkbox"/> Verify daily order on chart <input checked="" type="checkbox"/> Discussion with patient and/or ADM (if applicable) 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Every (12 hour) shift & PRN
2- point limb 4- point limb	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Circulation of involved limbs uncompromised by restraint (e.g., color, capillary refill, palpable pulse). <input checked="" type="checkbox"/> Correct application site of securement. <input checked="" type="checkbox"/> Range of motion or release of restraint, if appropriate 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Every 1 hour & PRN
Torso	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Proper position of patient in restraint. <input checked="" type="checkbox"/> No obstruction/compression of abdomen or chest 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Every 30 minutes & PRN
	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Torso skin assessment and care with restraint release 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> During regular repositioning (every 2 hours)
Pharmacological		
Pharmaceutical products are used to control behaviours, actions, and/or restrict freedom of movement, but which are not required to treat an identified medical or psychiatric condition.	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Monitoring and equipment as per AHS Parenteral Manual specific drug monographs or prescriber order. <input checked="" type="checkbox"/> Richmond Agitation Sedation Scale (RASS) to achieve goal RASS as per prescriber order. <input checked="" type="checkbox"/> Verify daily order on chart 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> RASS assessment and documentation prior to administration, after administration, and with any additional dosing or titrations

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For more information, contact policy@ahs.ca