Alberta Health Services

Last Name *(Legal)*	First Name *(Legal)*
Preferred Name ☐ Last ☐ First	DOB *(dd-Mon-yyyy)*
PHN	ULI ☐ Same as PHN / MRN
Administrative Gender ☐ Male ☐ Female ☐Non-binary/Prefer not to disclose (X) ☐ Unknown	

Emergency / Urgent Care
Patient Restraint Monitoring Record

Important – Form is used for regular and downtime use**. Bold** and ***italicized*** **fields contain <u>critical data elements</u>** that **must be reconciled** for downtime

Date *(dd-Mon-yyyy)*	☐ Patient/family informed of need for restraint ☐ Yes ☐ No	Ordering Physician
Mechanical Restraint ▸	Time Initiated *(hh:mm)*	Time Discontinued *(hh:mm)*

- ■ Monitor and document on patient's safety every 30 minutes (exception - 4 point restraint every 15 minutes). Refer to reverse side of form for observation/monitoring guidelines.
- ■ Refer to PHR for documentation of Vital Signs, ongoing assessment and patient response

Time *(hh:mm)*												
Type of Mechanical restraint												
Restraints properly secured												
Limb circulation, sensation and movement/skin integrity												
Pharmacologic restraint												
Environmental restraint												
Position of patient												
Side rails up/Curtains open												
Protective Services/Police present												
Health Care Provider Initial												

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Removal of Restraints Followed by Skin Care and Repositioning is Required Every 2 Hours

Position Table		**Type of Mechanical restraint**		**Status**	
RS - right side lying	S - supine	W - wrist	LL - lower limb	Y - yes	N - no
LS - left side lying	P - prone	4P - 4-point	T - torso	n/a - not applicable	
SF - semi-fowlers			S - shoulder	A - adequate	C - compromised

Note: All entries must be signed by caregiver

Signature	Designation	Initial	Signature	Designation	Initial

Key Elements for Patients Requiring Restraint

For further reference, refer to the Restraint as a Last Resort - Procedure

All Types of Restraint

- Restraints may be considered when there is an immediate threat to safety of patients, caregivers or others.
- Observe/monitor for psychological status, risk of injury associated with self-harm and readiness for restraint discontinuation.
- The need for constant observation shall be determined by a health care professional.
- The restrained patient should be located such that they remain visible at all times. If they are not able to be visualized, constant observation should be maintained.

Mechanical *(i.e. 4-point, wrist, lower limb, torso, shoulder)*

For patients who require mechanical restraints, the following applies:

- Remove restraints, provide skin care and reposition patient every 2 hours.
- During initial use of mechanical restraint, observe/monitor the patient's condition at minimum every 15 to 30 minutes.
- Four (4) point restraint or greater, the above observations/monitoring shall occur at every 15 minutes.
- Once clinically stable, observations/monitoring shall occur every 30 minutes unless the method and frequency of monitoring is otherwise determined in collaboration with the health care team.

Pharmacologic

For patients receiving PRN pharmacologic restraint following initial administration, vital signs and safety should be monitored/documented:

- Commencing 15 minutes post administration, if safe to do so, then every 30 minutes or more frequently as patient condition warrants, for a minimum of one (1) hour and until patient is able to speak coherently and walk unassisted with a steady gait.
- For any patient requiring IV sedation with haloperidol +/- benzodiazepines, the following additional monitoring applies:
  - Continuous cardiorespiratory monitoring is recommended for 1 hour after administration, and ongoing if QTc increases to > 500 msec.
  - Document baseline vital signs then every 15 minutes during first hour, observing for over-sedation (i.e. responsiveness and respiratory depression).
  - Level of consciousness (e.g. AVPU, Glasgow coma scale) assessed a minimum of every hour or more frequently as patient condition warrants.
- More frequent or additional observation/monitoring as determined by a Physician or NP, medication monograph, and/ or AHS Provincial Parenteral Manual; (e.g. respiratory rate, oxygen saturation, cardiac monitoring, sedation level).
- Critical patients, such as patients with undifferentiated delirium, may require higher levels of monitoring.
- Supplemental oxygen should be administered to patients demonstrating any respiratory depression and/or oxygen saturation less than 92%.
- If patient states or the clinician suspects that they have chronic hypercapnia (a carbon dioxide retainer), 88% may be reasonable and a physician's order for oxygen therapy is required.
- Notify ED/UCC physician if patient's respiratory rate is less than 10/minute or oxygen saturations are less than 92%.

Both Mechanical and Pharmacologic

For patients who receive both mechanical and pharmacologic restraints, the following applies (in addition to the parameters noted above):

- As soon as pharmacologic restraints are effective, and safety permits, the mechanical restraints should be removed.
- Once the mechanical restraints are removed, follow the pharmacologic restraint process.

Environmental

- During initial use observe/monitor the patient's condition at minimum every 15 to 30 minutes.
- Once clinically stable, observe/monitor the patient at minimum every one (1) hour within the first 24 hours and ongoing at a minimum every two (2) hours and PRN, dependent on the patient's clinical condition, response, and care needs.
- When mechanical devices are in use, the door of the room shall never be locked.
- Consider moving patient to a less secure environment when the patient has regained control of behaviour.