Consensus Statement for Use of Restraints in the Epilepsy Monitoring Unit

ECoE Nursing Workgroup 2023

Introduction

Safety is an issue in the Epilepsy Monitoring Unit (EMU). While falls and injury are not common, the consequences can be severe. There are no national guidelines specific to the use of certain types of restraints in the EMU. However, there are Joint Commission guidelines, local VA restraint policies, consensus statements (Shafer et al.) and literature that can provide a basis for establishing guidelines for use of restraints for EMU patients.

Local VA policies: These policies mirror Joint Commission guidelines and itemize requirements for determination of need, orders, documentation, and ongoing assessment.

Consensus Statement: In general, restraints (defined as any mechanical device that restricts a patient's freedom of movement, physical activity, or normal access to his/her body) can be employed for patient safety when based on clinical judgment. Therefore, restraints may be based on a patient's seizure severity, seizure frequency, withdrawal of antiepileptic medication, mental status, psychiatric status, body habitus, cooperativeness, and other factors.

BED

4 raised bed rails can be implemented if not doing so presents a greater safety risk to the patient. CHAIR Use of a Posey chest type restraint can be employed if not doing so presents a greater safety risk to the patient.

SITTER

A sitter can be considered if deemed necessary for patient safety. Sitters must be educated on first aid care for seizures.

BATHROOM

Bathroom safety presents challenges because of concerns for privacy versus safety. Several options can be employed based on seizure type, frequency and severity: - use of bathroom unattended - use of bathroom with standby assistance, in which a staff member or sitter stands just outside door with the door slightly ajar - use of beside commode with standby assist - use a urinal at the bedside for men (While the article below by Spritzer recommends a ceiling lift system for bathroom safety, it would be too costly for most facilities)

GENERAL

Place the patient in a room close to the nursing station.

Current Joint Commission guidelines and recommendations:

"Effective March 15, 2020

PC.03.05.05 - The hospital initiates restraint or seclusion based on an individual order.

Element(s) of Performance for PC.03.05.05

1. A physician, or other authorized licensed practitioner responsible for the patient's care orders the use of restraint or seclusion in accordance with hospital policy and law and regulation.
2. **A physician or other authorized licensed practitioner responsible for the patient's care orders the use of restraint or seclusion in accordance with hospital policy and law and regulation.**
3. Unless state law is more restrictive, every 24 hours, a physician, or other authorized licensed practitioner responsible for the patient's care sees and evaluates the patient before writing a new order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, staff, or others in accordance with hospital policy and law and regulation.
4. Unless state law is more restrictive, every 24 hours, a physician or other authorized licensed practitioner responsible for the patient's care sees and evaluates the patient before writing a new order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, staff, or others in accordance with hospital policy and law and regulation."

“Enclosure Bed/Side Rails

The determination as to whether raised side rails would be considered a restraint is based on multiple factors, including method of use and whether it immobilizes or reduces the ability of a patient (or a body part) to move freely.

Restricting a patient's freedom from exiting the bed

- If raising the side rails prevents a patient from voluntarily getting out of bed or attempting to exit the bed, this would be restricting the patient's freedom of movement and the side rails would be considered a restraint.
- Use of an enclosure bed or net bed that prevents a patient from freely exiting the bed is considered a restraint. (An exception is the age-appropriate use of an enclosed crib for infants and/or toddlers.)
- The number of raised side rails used may also be a factor. When all four side rails are used to prevent a patient from exiting the bed, this would be a restraint, however, raising fewer than four side rails when the bed has segmented side rails would not necessarily immobilize or reduce the ability of a patient to move freely. For example, if the side rails are segmented and all but one segment are raised to allow the patient to freely exit the bed, the side rails are not acting as a restraint. On the contrary, if the bed has non-segmented rails that when both raised does not allow the patient to freely exit the bed, the side rails would be acting as a restraint.
- If a patient is not physically able to get out of bed, regardless of whether the side rails are raised or not, raising all four side rails for this patient would not be considered restraint because the side rails have no impact on the patient's freedom of movement.

The use of side rails is inherently risky, particularly if the patient is elderly or disoriented. Patients may be at risk for entrapment, entanglement, or falling from a greater height posed by the raised side rail, with a possibility for sustaining greater injury or death. The risk presented by side rail use should be weighed against the risk presented by the patient's behavior as identified through individualized assessment.

The use of restraints for the prevention of falls should not be considered a routine part of a fall prevention program. Use of restraints as a fall prevention approach has major, serious drawbacks and can contribute to serious injuries.

Protecting a patient from falling out of bed

- If raising the side rails prevents the patient from inadvertently falling out of bed, then it is not considered a restraint. Examples include raising the side rails when a patient is on a stretcher, recovering from anesthesia, sedated, experiencing involuntary movement, or on certain types of therapeutic beds to prevent the patient from inadvertently falling out of the bed.

Hand Mitts

Hand mitts would be considered a restraint if:

- The mitts are pinned or otherwise attached to the bed/bedding or are used in conjunction with wrist restraints and/or
- The mitts are applied so tightly that the patient's hands or fingers are immobilized, and/or
- The mitts are so bulky that the patient's ability to use their hands is significantly reduced, and/or
- The mitts cannot be easily removed intentionally by the patient in the same manner they were applied by staff considering the patient's physical condition and ability to accomplish the objective."

The Joint Commission's National Patient Safety Goals (Hospital Version, 2017). Wachter R.M., & Gupta K(Eds.), (2017). *Understanding Patient Safety*, *3e*. McGraw Hill. https://accessmedicine.mhmedical.com/content.aspx?bookid=2203&sectionid=170436400