Consensus Statement for Use of Restraints in the Epilepsy Monitoring Unit

ECoE Nursing Workgroup
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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.

Joint Commission guidelines:
PC.03.02.03: For hospitals that do not use accreditation for deemed status [non-Medicare] purposes: Written policies and procedures guide the hospital's safe use of restraint for non-behavioral health purposes.
Program: Hospital
Chapter: Provision of Care, Treatment, and Services
Introduction to Standards PC.03.02.01 Through PC.03.02.11:
"…the hospital needs to limit its use of restraint to clinically appropriate and adequately justified situations. A physical, social, and organizational environment that limits restraint use to clinically appropriate and adequately justified situations and that seeks to identify opportunities to reduce the risks associated with restraint use through preventive strategies, innovative alternatives, and process improvements is an environment that helps hospital staff focus on the patient's well-being. This requires planning and frequently new or reallocated resources, thoughtful education, and

performance improvement. The result is an organizational approach to restraint that protects the patient's health and safety and preserves his or her dignity, rights, and well-being. Applicability The standards apply to the use of restraint in medical and surgical care, which includes patients receiving pediatric, obstetrical, or rehabilitation care. This includes patients of any age who are: - Hospitalized in an acute care hospital to receive medical or surgical services - In the emergency department for medical assessment, stabilization, or treatment - In medical observation beds - Undergoing same-day surgical or other ambulatory health procedures - Undergoing rehabilitation whether as an inpatient or outpatient The devices used for restraint do not determine the applicability of these standards. Instead, the applicability of these standards is determined by the reason for the device's use.

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.

References:

Shafer PO, Buelow JM, Noe K. et al. (2010). A consensus-based approach to patient safety in epilepsy monitoring units: Recommendations for preferred practices. Epilepsy & Behavior, 25:449–456.

Spritzer SD, Riordan KC, Berry J, et al. (2015). Fall prevention and bathroom safety in the epilepsy monitoring unit. Epilepsy & Behavior, 48:75-8.