Courtemanche & Associates
Consulting Partners Since 1994

VIOLENT/SELF-DESTRUCTIVE BEHAVIOR RESTRAINT/SECLUSION TRACER TOOL

	Met	Not Met	Comments
ASSESSMENT			
Clinical indication clearly documented			
Alternatives to restraint/seclusion documented (less restrictive)			
Face to Face evaluation by LIP completed within 1 hour and includes who evaluated, the evaluation of the patient's immediate situation, the patient's reaction to the intervention, their medical/behavioral condition, and the need to continue/terminate the restraint or seclusion.			
If a PA or RN trained to conduct the face-to-face evaluation is allowed, there is documentation that s/he consulted with the attending physician or LP responsible for care as soon as possible after the evaluation.			
PATIENT MONITORING			
Reassessment is documented every 15 minutes with content of assessment according to hospital policy (vital signs, circulation, hydration needs, elimination needs, etc.)			
Restraint/seclusion removal time documented			
Restraint/seclusion is not used on a PRN basis			
If patient is simultaneously restrained and seclusion, there is documentation of continuous monitoring			
MEDICAL RECORD DOCUMENTATION			
The patient's condition or symptoms that warranted the use of restraint/seclusion			
The criteria for release from restraint/seclusion			
A physician or LP responsible for the patient's care orders the restraint/seclusion			
Restraint/seclusion order dated			
Restraint/seclusion order timed			
Restraint order indicates type of restraint			
Restraint/seclusion order has appropriate expiration timeframes based on patient age: (4 hrs for 18 and >, 2hrs for 9-17, 1hr for <9)			
If renewed, orders are renewed according to the time limits for a maximum of 24 consecutive hours			
If restraint/seclusion is renewed, an indication for continuation is documented			
Every 24 hours (unless State law is more restrictive), a physician or LP responsible for the patient sees and evaluates the patient prior to the writing of a new order with documentation of immediate physical issues			
If restraint/seclusion is reordered, time gap in order does not exist			

Applicable to the following Accreditation Programs: (X) Hospital ( ) Critical Access Hospital ( ) Behavioral Health ( ) Ambulatory Care ( ) Office Based Surgery ( ) Disease Specific Certification ( ) Staffing Certification

Regulatory Information may change over time as healthcare expectations change. This document is current as of the date noted within this footer

	Met	Not Met	Comments
The patient's response to the intervention(s) used, including the rationale for continued use of the intervention(s)			
Discontinuation of restraint/seclusion occurs asap, regardless of order timeframe, as documented			
Debriefing conducted after restraint/seclusion use			
Any related consultations			
EDUCATION / NOTIFICATION			
Attending Physician was notified of restraint/seclusion if s/he did not order			
Patient educated on restraint/seclusion use and avoidance			
Family notified of restraint/seclusion usage			
NURSING DOCUMENTATION			
Treatment/Care Plan updated to include violent/self-destructive behavior restraint/seclusion			
Nursing documentation present for restraint/seclusion according to policy			
STAFF TRAINING			
Staff are trained in all requirements including alternatives to restraint/seclusion, reasons for use, safe application and removal of restraints, assessment and monitoring of response, and documentation			