



Kaleida Health

Restraint Frequently Asked Questions (FAQ) for Providers

In the past, when I wanted to keep my patient from getting up to prevent a fall, I ordered a restraint vest. Now when I try to order it, the only choice available is “interfering with medical devices.” Does this mean I cannot use a vest anymore?

Restraint vests are only to be used if a patient is likely to pull out a catheter or other medical device by standing or walking. If falling is the concern, use other methods to reduce that risk, such as frequent, purposeful rounding and orientation, keeping personal items and call bells within patient’s reach, keeping the bed in the low position, keeping side rail down to prevent climbing over, and engaging alarms on beds and chairs.

What if I want to order four side rails up AND wrist restraints for my patient until I can get his medical devices out? I used to be able to choose several devices, but now I can only choose one.

Each device or type of restraint will now need a separate order and separate documentation.

I heard that we are supposed to be documenting the assessment we complete when ordering restraints. What are the rules on this?

Kaleida Health now provides a PowerForm that pops up when providers place an order for restraints. It must be filled out to move forward and ensures that the completion of the assessment is documented. However, if you have specific information that is pertinent to the order or the patient’s condition, write an additional progress note.

What if the nurse calls and says my patient is confused, agitated and tried to hit her when she was providing care? Although I will be evaluating the reasons and treatment for this patient, if I order a one-time dose of standard medication for this behavior, is that considered a chemical restraint?

No, it is not. As long as the dose and route fall within the standard usage for the medication in treatment of the symptom (agitation/Ativan, confusion/Haldol, etc.), it is not considered a chemical restraint, even as a one-time order. Chemical restraints are rarely used (usually in the Emergency Department) and would be outside of the normal dose and/or route standard for that medication. A chemical restraint would be used in an emergency situation to subdue a patient.

What if I am sending my patient on for a CT scan and they are restless? Do I have to enter a restraint order for the side rails during transport? What about the Versed I am ordering so that the patient holds still for the test?

Neither of these would be considered restraints. Side rails may be used for the reasons listed in the Restraints Policy ([TX.10](#)), including transport. The use of medication to calm a patient for a test is also acceptable (as in above question).

What if I cannot get in to see my patient within an hour of ordering restraints?

The visual and physical evaluation of the patient within one hour of restraint is mandatory and part of the CMS regulations. If you cannot get in to evaluate the patient, you may try to find another provider to cover for you and perform the assessment. If that is not feasible, the restraints will be removed.

Where can I find out all the rules/definitions regarding restraint usage?

For rules and definitions regarding restraints, see Kaleida Health’s Restraints Policy ([TX.10](#)) on *KaleidaScope*. Quick Reference Cards are available for providers in the EMR sections of *KaleidaScope* and *InfoClique*.