



ASPAN

American Society of PeriAnesthesia Nurses

Clinical Practice: Frequently Asked Question

Q: Regarding the standard about when to implement medical-surgical restraints -- when does the standard apply?

A: In general, if the use of restraint is part of the customary post procedure care, the standard for restraint does not apply. For example, devices employed during medical, diagnostic, or surgical procedures that are considered a regular part of the procedure are not considered restraints. These would include the restraining of an arm when undergoing intravenous therapy, the placement of a body restraint during surgery, and restraint during recovery from anesthesia that occurs in the critical care or post anesthesia care unit. It is advisable to visit The Joint Commission (TJC) Web site (www.jointcommission.org) to review their restraint standards. Type "restraint" into the search box, then select the "Restraint and Seclusion" link, which leads to a 'frequently asked questions' page which includes restraint use information.

The Joint Commission lists some exceptions to the applicability of the Behavioral Health Care Restraint and Seclusion Standards. According to TJC, "The standards for restraint and seclusion do not apply to the following: The use of restraint associated with acute medical or surgical care, which is covered under standards PC 12.10 through PC 12.190."¹

Regarding the use of restraints for protection of surgical and treatment sites in pediatric and adult patients, TJC indicates the standards do not apply to usual "practices that include limitation of mobility or temporary immobilization related to medical, dental, diagnostic, or surgical procedures and the related post-procedure care processes."² Examples of the usual practices include: protection of surgical and treatment sites in pediatric patients; radiotherapy procedures; intravenous arm boards; and surgical positioning.²

Many facilities consider short term use of restraint to protect tubes and lines during the recovery process to be medical immobilization, and in this situation do not implement the Behavioral Health Care and Seclusion Restraints standard and interventions. However, in many perianesthesia settings staff may try to avoid the application of restraints at any time. This is often accomplished by staying at the bedside, talking with the patient, and offering pain medication and/or sedation. If a patient emerges from anesthesia and continues to need restraints to keep him from pulling at lines or tubes or harming oneself, some institutions may require the perianesthesia staff to initiate restraint protocols and adhere to facility policies regarding application of restraint devices including physician orders and assessments.

The use of restraints is strictly regulated and should be limited as much as possible. Patients in restraints require frequent monitoring and specific documentation related to monitoring and assessments. In some facilities, restraints are permitted only in an ICU setting where appropriate monitoring can be assured. Use of restraints in the post anesthesia care unit should be reviewed with the facility's Risk Management department. Individual facility policies should address the permissible use of restraints in the PACU.

References:

1. The Joint Commission. Documentation of Care, Treatment, or Services in Behavioral Health Care. Available at: <https://www.jcrinc.com/assets/1/14/EBBH18SamplePages.pdf>. Accessed July 24, 2019.
2. The Joint Commission 2019 Comprehensive Accreditation Manual for Critical Access Hospitals (CAMCAH). Oakbrook Terrace, IL. Joint Commission Resources.

Bibliography:

- The Joint Commission. Standards FAQ Details. Restraint and Seclusion: Enclosure Bed, Side Rails and Mitts. Available at:
https://www.jointcommission.org/standards_information/jcfaqdetails.aspx?StandardsFaqId=1566&ProgramId=46. Accessed July 24, 2019.

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