Healthcare

Outlining Standards for the Use of Restraints and Involuntary Seclusion

When managing an agitated and potentially unruly psychiatric patient, healthcare providers must follow established standards of practice regarding the use of involuntary seclusion, physical or chemical restraints, and physical holds. Preserving patient dignity and autonomy involves using the least restrictive interventions necessary to de-escalate the situation. This piece aims to outline these standards and why they are essential to help reduce risks and promote the best possible patient outcomes.

De-escalation of Agitation in Psychiatric Patients

Clear policies, procedures, and training practices are essential for managing patients with agitation, including guidelines on when to use seclusion versus restraint, the use of “quiet rooms”, locked seclusion, physical holds or physical restraints (Moran, 2023). These established protocols help healthcare providers determine the appropriate de-escalation technique(s) to apply.

Staff members should undergo regular training on the use of restraints and holds, covering crisis intervention techniques, legal considerations, and ethical implications.

The primary goal is to help agitated patients regain behavioral control and engage in their treatment planning. Verbal de-escalation strategies should be the first course of action, as they are most likely to be effective in diffusing agitation (Moran, 2023). Environmental techniques aimed at creating a calm setting should also be considered, which may involve reducing stimulation and limiting access to methods of self-harm or harm to others.

If de-escalation techniques are unsuccessful, the next interventions should be the least restrictive options available, and patient preferences should be considered when possible. Using a standardized algorithm can help ensure a consistent approach in applying the least restrictive restraints or seclusion (Vigo, Cheung, 2022).

Assessments conducted upon admission, including a Psychiatric Advance Directive, can help reduce the need for restraints and seclusion. Before implementing restraints or seclusion, a thorough assessment must be conducted to evaluate the immediate risks the patient poses to themselves or others. These assessments should incorporate cultural competence, trauma-informed care, and patient-centered approaches to determine whether restraints or seclusion are necessary.

Restraints, holds, or seclusion should always be considered last-resort interventions and used solely for the management of severe patient agitation. The use of these measures carries numerous risks, which can impact both patients and healthcare providers.

Continuous physical and psychological monitoring of a patient is necessary when restraints are used. Documentation should include the rationale for restraint use, the duration of restraint, and ongoing assessments throughout the process.

The Centers for Medicaid and Medicare Services (CMS) and Health and Human Services (HHS) have specific requirements regarding the use and duration of restraints and seclusion. The physician must be involved in issuing restraint and seclusion orders and in verifying their continued necessity within the designated time frames.

Clear protocols must be established for when and how to release restraints and remove seclusion, in accordance with legal and regulatory guidelines. These protocols prioritize patient safety and focus on reducing or removing constraints as the patient stabilizes (McGowan, Girard, 2020). Healthcare providers must be aware of the ethical and legal implications of using restraints, including patient rights and the importance of helping the patient manage severe agitation to minimize the risk of potential liability.

Conclusion

Managing psychiatric patients with severe agitation requires a careful balance between ensuring safety and respecting patient rights. Following established standards of practice for de-escalation, restraint and seclusion use, documentation, and staff training is essential to reducing risks and promoting the best possible patient outcomes.

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