



# High Desert Health System POLICY AND PROCEDURE

POLICY NUMBER: 677  
VERSION: 1

## SUBJECT: CHEMICAL RESTRAINT FOR USE IN BEHAVIORAL EMERGENCIES

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**PURPOSE:** To establish uniform procedures and guidelines for the safe and humane use of chemical restraints when less restrictive alternatives are inappropriate or ineffective.

To provide maximum safety for patients, visitors and staff during an emergency situation while using the least restrictive measures.

### DEFINITIONS:

Chemical Restraint: Medication which is used as a restraint to control behavior or restrict the patient's freedom of movement and is **NOT** a standard treatment for the patient's medical or psychiatric condition.

Emergency Criteria: Emergency situations shall include an immediate substantial risk or occurrence of serious self-injurious behavior or serious physical assaultive behavior. Substantial risk is defined as a serious and imminent threat of bodily harm where there is a present ability to effect such harm. A restraint or seclusion shall never be employed as a punishment or for the convenience of staff.

### PROCEDURE:

1. A chemical restraint order shall contain the medication dosage, route, frequency, and reasons for administration. Example is "Haldol 5mg IM stat for assaultive behavior."
2. A chemical restraint is when medication is used to control behavior or to restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition, or exceeds the established dose parameters for the patient's medical or psychiatric condition.

### DOCUMENTATION:

1. Physician's Order
  - a. A physician shall authorize the chemical restraint of a patient following the demonstration of lack of effectiveness of less restrictive alternatives or after the physician has determined that such alternatives would be inappropriate or ineffective.

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- b. The physician's order, verbal or written, for a chemical restraint is documented as a stat order which is valid for a single dose of medication.
  - c. The physician will sign the physician's order form (The Restraint Documentation and Physician Order Form) and document the clinical justification and exhibited behaviors in the progress notes within one hour of giving the order.
  - d. A chemical restraint will be administered on the basis of an order written by an authorized physician pending his/her face to face examination of the patient, review of medical record and appropriate consultation with the staff. While no PRN or subsequent telephone orders may be given, in those cases where emergencies requiring chemical restraint can be anticipated, treatment plans should include specific recommendations by the attending physician.
  - e. Subsequent orders for chemical restraints may be written, after physician assessment, up to a 24 hour period.
2. A Restraint Form is to be completed when a chemical restraint is administered. If a chemical restraint is used in conjunction with mechanical restraint, only one Restraint Form needs to be completed.
  3. The medication is to be signed off on the patient's medication profile by the nurse.
  4. The nurse is responsible for documenting in the Progress Note the following information:
    - a. The date
    - b. The time of administration of the chemical restraint
    - c. The medication name, dosage and route
    - d. The name of the physician who authorized the chemical restraint
    - e. The conditions or events which necessitated its use
    - f. The alternative interventions which were tried and failed prior to the use of chemical restraint
    - g. The patient's response to chemical restraint
    - h. The administering nurse's signature

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