Name of Policy:	Use of Restraints During Invasive Procedure in the Cardiovascular/EP Lab	TIM THE UNIVERSITY OF TOLEDO
Policy Number:	3364-102-05	MEDICAL CENTER
Department:	Cardiovascular Lab	
Approving Officer:	Chief Operating Officer - UTMC	
Responsible Agent:	Director, Cardiovascular Services	
Scope:	University of Toledo Medical Center	Effective Date: 03/2022 Initial Effective Date: 10/02/1996
		ical revision of existing policy on of existing policy

(A) Policy Statement

Restraints will only be implemented when the least restrictive methods have been employed and are determined ineffective for preventing the patient from harming themselves, or contaminating a sterile field.

(B) Purpose of Policy

It is the practice of The University of Toledo Medical Center (UTMC) to utilize the clinically appropriate use of restraints in a manner that protects the patient's rights, dignity, and well-being. Refer to Patients' Rights and Responsibilities policy, #3364-100-60-2.

(C) Procedure

The need for patient restraint/immobilization during and invasive Cardiovascular/EP imaging procedure will be assessed by the Physician, Registered Nurse and/or both in an effort to maintain a safe, sterile, and quality exam and/or procedure. If restraint/immobilization is deemed necessary, the least restrictive restraints will be used.

- (1) UTMC staff will adhere to applicable Joint Commission Standards, organizational policies as well as federal and state law.
- (2) All staff with direct patient contact will receive restraint training/education at least annually in the proper use of restraint applications.
- (3) The need for restraints during the procedure will be explained to the patient before the restraints are applied.
- (4) The restraints will be applied by the RN or RT in the room before the start of the procedure.
- (5) The patient is continuously monitored and assessed throughout the case; this includes BP, HR, RR, SPo2, cardiovascular and respiratory assessment, level of consciousness and level of pain.
- (6) The restraints will be removed at the end of the procedure before the patient leaves the room.

Approved by:		Review/Revision Date:
Todd Korzec, RN, BSN Director, Cardiovascular Services	03/18/2022 Date	09/2011 07/2014 03/2017 03/2020 03/2022
/s/ Ehab Eltahawy, MD, MPH Medical Director, Cardiovascular Lab	03/18/2022 Date	
/s/ Christine Stesney-Ridenour, FACHE Chief Operating Officer- UTMC	03/18/2022 Date	
Review/Revision Completed By: Todd Korzec		Next Review Date: 03/2025