

CENTRAL STATE HOSPITAL
POLICY

SUBJECT: MEDICAL IMMOBILIZATION

ANNUAL REVIEW MONTH: OCTOBER

RESPONSIBLE FOR REVISION: CHIEF MEDICAL OFFICER

LAST REVISION DATE: February 2008

I. Policy Statement:

Medical Immobilization is the use of a device that is routinely or inherently part of a medical, surgical, dental, therapeutic or diagnostic procedure that immobilizes or restricts a client's access to part(s) of his or her body. This policy promotes the provision of treatment in a safe and secure environment based on standard practice for the procedure. Utilization of medical immobilization is based on individual assessment and focuses on the client and the prevention of health and safety risks, and protecting the client's rights and dignity.

II. Purpose:

This policy is to provide for prevention of accidental injury to clients who are receiving medical, surgical or dental treatment, by the use of medical immobilization devices, materials and techniques that restrict movement, but are used for reasons other than behavioral restraint. This policy is only associated with medical, dental, diagnostic, therapeutic or surgical procedures. Examples include surgical positioning, radiotherapy procedures, electroconvulsive therapy, etc.

III. Applicability:

This policy is applicable to Clinical and Consultative Services and the Dental Department and all client care areas.

IV. Definition:

Medical immobilization is the application of a device or technique during the actual performance of a medical, surgical, diagnostic, therapeutic or dental procedure.

V. Requirements:

A. Medical: Physician/Dentist orders are required.

- B. Nursing: Monitoring and assessment are constant throughout the procedure. During therapies, the therapist or technician is with the client constantly, monitoring for any problems related to the immobilization.
- C. Documentation: A notation will be entered on the progress note regarding the type of immobilization used, the length of time applied, and assessment of the client upon completion of the procedure.

For the therapies, the documentation will not require daily progress notes. Rather, the monthly progress note will specify the type of immobilization required, the frequency with which it is used, the average and maximum duration that the immobilization is applied during that month and any injuries sustained by the client secondary to the immobilization mechanism utilized. Such documentation will also reflect the use of the least restrictive mechanism possible and the attempt to eliminate the need for such immobilization entirely.

- D. Reporting Mechanism: None.

Approved:

This policy has been approved by the CMO and CEO in April 2008.