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[Unless superseded by State law that is more restrictive --]

§482.13(e)(8)(ii) - After 24 hours, before writing a new order for the use of restraint or seclusion for the management of violent or self-destructive behavior, a physician or other licensed practitioner who is responsible for the care of the patient and authorized to order restraint or seclusion by hospital policy in accordance with State law must see and assess the patient..

Interpretive Guidelines §482.13(e)(8)(ii)

At a minimum, if a patient remains in restraint or seclusion for the management of violent or self-destructive behavior 24 hours after the original order, the physician or other LP must see the patient and conduct a face-to-face re-evaluation before writing a new order for the continued use of restraint or seclusion. Twenty-four hours of restraint or seclusion for the management of violent or self-destructive behavior is an extreme measure with the potential for serious harm to the patient.

State laws may be more restrictive and require the physician or other LP to conduct a face-to-face re-evaluation within a shorter timeframe.

When the physician or other LP renews an order or writes a new order authorizing the continued use of restraint or seclusion, there must be documentation in the patient's medical record that describes the findings of the physician's or other LPs re-evaluation supporting the continued use of restraint or seclusion.

EXCEPTION: Repetitive self-mutilating behaviors – see interpretive guidance for §482.13(e)(6).

Survey Procedures §482.13(e)(8)((ii)

- If restraint or seclusion is used to manage violent or self-destructive behavior for longer than 24 hours, is there documentation of a new written order, patient assessments, and a re-evaluation by a physician or other LP in the medical record? Does the documentation provide sufficient evidence to support the need to continue the use of restraint or seclusion? Is there evidence in the medical record that the symptoms necessitating the continued use of restraint or seclusion have persisted?

- Does the patient's plan of care or treatment plan address the use of restraint or seclusion?

- What is the patient's documented clinical response to the continued need for restraint and seclusion?