

A-0179

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[the patient must be seen face-to-face within 1 hour after the initiation of the intervention --]

§482.13(e)(12)(ii)To evaluate –

- (A) The patient's immediate situation;**
- (B) The patient's reaction to the intervention;**
- (C) The patient's medical and behavioral condition; and**
- (D) The need to continue or terminate the restraint or seclusion.**

Interpretive Guidelines §482.13(e)(12)(ii)

The 1-hour face-to-face evaluation includes both a physical and behavioral assessment of the patient that must be conducted by a qualified practitioner within the scope of their practice. An evaluation of the patient's medical condition would include a complete review

of systems assessment, behavioral assessment, as well as review and assessment of the patient's history, drugs and medications, most recent lab results, etc. The purpose is to complete a comprehensive review of the patient's condition to determine if other factors, such as drug or medication interactions, electrolyte imbalances, hypoxia, sepsis, etc., are contributing to the patient's violent or self-destructive behavior.

Training for an RN or PA to conduct the 1-hour face-to-face evaluation would include all of the training requirements at §482.13(f) as well as content to evaluate the patient's immediate situation, the patient's reaction to the intervention, the patient's medical and behavioral condition (documented training in conducting physical and behavioral assessment); and the need to continue or terminate the restraint or seclusion.

Survey Procedures §482.13(e)(12)(ii):

- Was the 1-hour face-to-face evaluation conducted by a practitioner authorized by hospital policy in accordance with State law to conduct this evaluation?
- If the 1-hour face-to-face evaluations are conducted by RNs who are not advanced practice nurses (APN), verify that those RNs have documented training that demonstrates they are qualified to conduct a physical and behavioral assessment of the patient that addresses: the patient's immediate situation, the patient's reaction to the intervention, the patient's medical and behavioral condition, and the need to continue or terminate the restraint or seclusion.
- Does documentation of the 1-hour face-to-face evaluation in the patient's medical record include all the listed elements of this requirement?
- Did the evaluation indicate whether changes in the patient's care were required, and, if so, were the changes made?
- Is practice consistent with hospital policy and State law?