



RESTRAINT AND SECLUSION ORDERS BY NURSE PRACTITIONERS

Medicare: Hospital Conditions of Participation for Patients' Rights, Regulation 482.13 (e) and (f) of the Hospital Interpretive Guidelines.

Nurse practitioner questions have arisen due to Hospital Interpretive Guidelines – Patients Rights, 482 (e) and (f) referring to restraint and seclusion for behavior management. Nurse practitioners are asking whether they can order seclusion and restraints. The BRN has reviewed Health Care Finance Administration interpretive guidelines for Hospital Condition of Participation for Patients' Rights which includes definition of a licensed independent practitioner, LIP. The LIP interpretive guidelines expressly state that doctor of medicine and osteopathy may delegate tasks to other qualified healthcare personnel i.e. nurse practitioners and physician assistants.

The California certified furnishing nurse practitioner may order physical or chemical restraint, in strict accordance with approved standardized procedure(s). A Drug Enforcement Administration, DEA, registration number is necessary for furnishing controlled substances. The nurse practitioner may also order seclusion based on an approved standardized procedure. The nurse practitioner must be knowledgeable and competent in the Hospital Conditions of Participation for Patients' Rights which include the Interpretive Guidelines. By the use of approved standardized procedures, the physician, the hospital, and the nurse practitioner have collaborated on the extent of implementation of an approved order for restraints and seclusion which meet the intent of the acute medical and surgical hospitals Conditions of Participation for Rights.

Hospital Conditions of Participation for Patients' Rights – Interpretive Guidelines, can be obtained from the Health Care Financing Administration's Web site at www.hcfa.gov/quality/4b2.htm.