

<b>Name of Policy:</b> <u>Use of Immobilization Devices</u> <b>Policy Number:</b> 3364-135-104 <b>Department:</b> Radiology <b>Approving Officer:</b> Chief Operating Officer - UTMC <b>Responsible Agent:</b> Chairman & Professor, Radiology <b>Scope:</b> Radiology	  <b>Effective Date:</b> 5/1/2023 Initial Effective Date: 10/2/1996
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	
<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy	

**(A) Policy Statement**

Immobilization devices for patient will be used only after other options have been exhausted. Immobilizing is defined as tying or holding a patient or body part(s) down: stopping them from moving at will.

**(B) Purpose of Policy**

To protect the patient’s rights, to provide for the least restrictive environment, and to provide guidelines for safe and appropriate use of restraining devices.

**(C) Procedure**

The need for patient restraint/immobilization during imaging procedures is assessed by the technologist, radiologist, and/or both in an effort to obtain a quality exam/procedure.

If restraint/immobilization is deemed as necessary, the least restrictive of the following techniques should be used;

1. sandbag
2. tape (digits only)
3. family member holding
4. kerlex
5. safety strap (compression band)
6. patient comfort bands
7. immobilization devices (Pigg-O stat; ped, mummification board, etc.)

RN’s, RT’s, Residents and/or attending Radiologist (besides the patient’s own referring physician) may apply the restraint/immobilization device.

Patients and their families must receive an explanation of the purpose and necessity of the restraining device and the necessary change in behavior to warrant their removal.

This immobilization will only be utilized for the duration of the radiographic procedure/exam.

<b>Approved by:</b>  /s/ _____ 04/11/2023 Haitham Elsamaloty, MD Chairman & Professor, Radiology  /s/ _____ 05/02/2023 Christine Stesney-Ridenour, FACHE Chief Operating Officer - UTMC	<b>Review/Revision Date:</b> 8/18/1999 9/1/2005 5/28/2008 5/20/2011 5/21/2014 5/1/2017 5/1/2020 5/1/2023  <b>Next Review Date:</b> 5/1/2026
<b>Policies Superseded by This Policy:</b> R-019	