Restraint Use, Guidelines

WHY ARE RESTRAINTS USED IN HEALTHCARE

Restraints used in healthcare can be physical or chemical agents. This handout will focus on the use of physical restraints. Restraints are designed to restrict movement. They are used in care settings to prevent injury and protect patients. Examples include:

- Vest or wrist restraints.
- Geriatric chairs.
- Side rails on beds.

BACKGROUND

- Regulations forbid restraint use to punish.
- Regulations forbid restraint use for convenience.
- Restraints should be used only as a last resort. They should be used only after all alternatives have failed.
- Use of the restraining device should be explained to the:
  - Patient.
  - Family member or legal representative.
- Restraint should be used only for:
  - A specific reason.
  - A specified period of time, followed by reassessment.
- If a life-threatening symptom or illness occurs, the restraint may be temporarily used on an emergent basis.
- Monitoring of the need for continuous restraint must be ongoing.
- Restraint-free environments necessitate consideration of various alternative measures for:
  - Preventing problem behaviors.
  - Managing problem behaviors.
- Approaches that lessen wandering and prevent injury to patients who might otherwise have been restrained include:
  - Enhanced physical therapy.
  - Recreational activities.
  - Environmental manipulations.
  - Increased staff attention.
- Cushions and pads in the environment may prevent injury to patients who might otherwise have been restrained.

GUIDELINES FOR RESTRAINT USE

Instances may arise when physical restraints may need to be considered. The American Geriatrics Society believes that the following guidelines should be followed.

- In non-emergency situations, physical restraints should be used very sparingly. Restraints should be used only after a careful:
  - Review.
  - Assessment.
  - Documentation.
- The decision to use restraint should be made by many including the:
  - Patient/family.
  - Nursing staff.
  - Attending physician.
  - Other relevant care providers.
- The least restrictive device should be used. The restraint order should be reviewed regularly to determine if safer alternatives are available.
- Behavior that causes a decision to restrain a patient should first trigger an investigation and treatment which understands and eliminates the behavior if possible. The focus of this attention should be on both patient and

staff behavior regarding the need for restraint use.

- Restraints must be padded to decrease the chance of:
  - Pressure damage.
  - Damage to skin and underlying tissues.
- The proper size and type of restraint must be used.
- Rarely, short-term use of restraints may needed in an emergency. In an emergency like this the goal is a less confused patient. Such use requires a physician order. These orders are generally reviewed on a regular basis. Short-term restraint may also be used:
  - When the patient is at significant risk of self injury.
  - When the patient is at significant risk of injury to others.
  - At the patient's request.
- Patients should be checked frequently. The restraining device should be removed periodically. A restrained limb should be periodically exercised. If possible, the patient should exercise at reasonable intervals. Other patient needs must be met including:
  - Hydration.
  - Elimination.
  - Comfort.
  - Social interaction.

- Restraints should be removed or discontinued at reasonable intervals to determine if they are still required.
- Care giving staff should be educated to the hazards of restraint use and alternative behavior management strategies to their use must be ongoing.
- Alternatives to restraint use in short term and long-term care settings must be encouraged.
- If you have questions about restraints being used on a loved one, do not hesitate to ask if the continued use is necessary. Ask also:
  - What the future plans are.
  - When will they no longer be needed or used.

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