Using Restraints

Problem

Restraint use has been dramatically reduced in hospitals and all but disappeared from nursing homes. Most healthcare organizations have mandated that use of restraints by providers be kept to a minimum. However, sometimes restraints are the only alternative to ensure the safety of the patient. If restraints are used, they need to be used properly and evaluated frequently.

Consequence

Failure to properly use restraints on a patient may result in discomfort, injury or death.

Solution

Here are some considerations associated with use of restraints.

- There are many restraint types that are used in a hospital setting; these include wrist restraints, vests, locked belts around the waist, and hand mitts.

- Bed rails are also considered a restraint.

- If the patient cannot remove the device himself, then it is considered a restraint.

- Medications that restrict or control a patient’s behaviour can also be classified as a restraint.

- Fall prevention is one of the top reasons for the use of a restraint.

- Restraints are also used to protect therapeutic devices such as endotracheal tubes, intravenous and central lines, and an indwelling urinary catheter.

- If a patient requires restraint to ensure his safety, it is important to visually observe the patient a minimum of every two hours.

- Fluids and nutrition need to be monitored and provided every two hours, as well as toileting the patient.
• Meticulous skin care will need to be done, and the patient turned frequently to prevent skin breakdown.

• Always ensure that if a restraint is necessary, the least restrictive device should be used.

• Use only approved restraint devices, not a folded sheet or pillowcase wrapped around a wrist.

• Do not tie the restraint to a movable part of the wheelchair or bed.

• Check at least every two hours for circulation to the extremity and to ensure that there are no breakdowns in skin integrity under the restraint.

• If a restraint is ripped, do not attempt to repair it, obtain a new one.

• Do not use safety pins as they can cause injury.

• There are now several devices available to alert the staff when a patient is attempting to get out of his bed or chair.

• Bed alarms can be set to ring when a patient raises his legs off the bed.

• A device that records a voice telling the patient not to get up can be purchased.

• A pressure-sensitive pad that activates a recorded voice when the patient attempts to stand can be place on a chair; these devices have been found to be effective in reminding a patient to call for help.

• If a patient is wandering the halls, check to see if he is hungry, thirsty or needs to use the restroom; often these basic body needs will trigger the patient to begin walking about.

• Make sure the patient can easily find his glasses, cane or hearing aid.

• Check for any underlying medical conditions that might be triggering agitation or an increase in wandering.

• Things such as an infection, especially in the urinary tract, lack of control of blood sugars, or possible an underlying neurological disorder may be adding to the patient’s confusion.

• Careful assessment of pain is important; the patient may not be able to express his discomfort, so nonverbal clues may be present.

• Remember to reassess pain after an intervention to determine if the pain level has improved or further interventions are necessary.
• Attempt to reduce stimuli in the patient’s environment; allow the patient to get uninterrupted periods of sleep.

• Make sure documentation is thorough and complete; record in real time – do not complete charting either at the beginning or at the end of your shift.

• Involve the family if possible; they will have valuable clues to the behaviour issues that the patient may have.

• Families may also be willing to sit with the patient during difficult times.

• Family members should be made aware if a restraint is being used; often family will think that a restraint is being used to punish the patient, so good education and communication is essential.

• Fall prevention teams are springing up in hospitals; ways are being devised to keep the patient safe without the need to physically restrain him.

• The safety of the patients is very important; sometimes restraints are the only alternative, but when they are used, they need to be used properly and monitored frequently.

References

_Avoiding Common Nursing Errors_, Lisa Marcucci, MD, Editor, Lippincott Williams and Wilkins, 2010