

Chapter 11

Restraint Alternatives and Safe Restraint Use

Using Restraints

- Some persons who present dangers to themselves or others may need restraints.
- The following have rules for using restraints:
 - The Centers for Medicare & Medicaid Services (CMS)
 - The Omnibus Budget Reconciliation Act of 1987 (OBRA)
- OBRA and CMS rules protect the person's rights and safety.

Using Restraints, cont'd.

- Restraints may only be used:
 - To treat a medical symptom
 - For the immediate physical safety of the person or others
 - When less restrictive measures fail to protect the person or others
- Restraints must be discontinued at the earliest possible time.

Physical Restraints

- The CMS uses these terms in its rules for long-term care agencies:
 - Physical restraint
 - Any manual method or physical or mechanical device, material, or equipment
 - Attached to or near the person's body
 - That he or she cannot remove easily
 - That restricts freedom of movement or normal access to one's body

Other Restraints

- Chemical restraint

- Any drug that is used for discipline or convenience.
- Any drug that is not required to treat medical symptoms.
- The drug or dosage is not a standard treatment for the person's condition.

- Freedom of movement

- Any change in place or position of the body or any part of the body that the person is physically able to control

- Remove easily

- Means that the manual method device, material, or equipment used to restrain the person can be removed intentionally by the person in the same manner it was applied by the staff

History of Restraint Use

- Restraints were once thought to prevent falls.
- Restraints were used:
 - To prevent wandering or interfering with treatment
 - For persons who showed confusion, poor judgment, or behavior problems
- Older persons were restrained more often than were younger persons.
- Restraints were viewed as necessary devices to protect a person.
 - Restraints can cause serious harm, even death.

History of Restraint Use, cont'd.

- The CMS, the Food and Drug Administration (FDA), state agencies, and The Joint Commission (TJC) have guidelines for the use of restraints.
 - They require considering or trying all other appropriate alternatives first.
- Every agency has policies and procedures about restraints that include:
 - Identifying persons at risk for harm
 - Identifying harmful behaviors
 - Identifying restraint alternatives
 - Identifying proper restraint use
 - Providing staff training

Restraint Alternatives

- Knowing and treating the causes and reasons for harmful behaviors can prevent restraint use.
 - The nurse tries to find out what the behavior means.
 - Restraint alternatives for the person are identified.
 - They become part of the care plan.
 - If restraint alternatives do not protect the person, the doctor may need to order restraints.

Safe Restraint Use

- Restraints can cause serious injury and even death.
- Restraints are not used to discipline a person or for staff convenience.
 - Discipline is any action that punishes or penalizes a person.
 - Convenience is any action that:
 - Controls or manages the person's behavior
 - Requires less effort by the agency
 - Is not in the person's best interests

Safe Restraint Use, cont'd.

- Restraints are used only when necessary to treat a person's medical symptoms.
 - The CMS defines a medical symptom as an indication or characteristic of a physical or psychological condition.
- According to the CMS, physical restraints are described as follows:
 - They may be any manual method, physical or mechanical device, material, or equipment.
 - They are attached to or next to the person's body.
 - They cannot be easily removed by the person.
 - They restricts freedom of movement or normal access to one's body.

Safe Restraint Use, cont'd.

- Drugs or drug dosages are chemical restraints if they:
 - Control behavior or restrict movement
 - Are not standard treatment for the person's condition
- Drugs cannot be used if they affect physical or mental function.

Safe Restraint Use, cont'd.

- An enabler is a device that limits freedom of movement but is used to promote independence, comfort, or safety.
- Some devices are restraints and enablers.
 - When the person uses a geriatric chair with a lap-top tray for meals, writing, and so on, the chair is an enabler. If used to limit freedom of movement, it is a restraint.
 - A person chooses to have raised bed rails. The bed rails are used to move in bed and to prevent falling out of bed. The bed rails are enablers, not restraints.

Safe Restraint Use, cont'd.

- Risks from restraint use

- Injuries occur:

- As the person tries to get free of the restraint
 - From using the wrong restraint, applying it wrong, or keeping it on too long

- Effects include:

- Cuts, bruises, and fractures are common.
 - The most serious risk is death from strangulation.
 - Restraints affect dignity and self-esteem.

Safe Restraint Use, cont'd.

- The Safe Medical Device Act applies if a restraint causes illness, injury, or death.
 - CMS requires the reporting of any death that occurs:
 - While a person is in a restraint
 - Within 24 hours after a restraint was removed
 - Within 1 week after a restraint was removed
 - If the restraint may have contributed directly or indirectly to the person's death

Legal Aspects

- Legal aspects

- Restraints must protect the person.
- A doctor's order is required.
- The least restrictive method is used.
- Restraints are used only if other measures fail to protect the person.
- Unnecessary restraint is false imprisonment.
- Consent is required.

Safety Guidelines

- The restrained person must be kept safe.
- Remember these key points:
 - Observe for increased confusion and agitation.
 - Protect the person's quality of life.
 - Follow the manufacturer's instructions.
 - Apply restraints with enough help to protect the person and staff from injury.
 - Observe the person at least every 15 minutes or as often as noted in the care plan.
 - Remove or release the restraint, reposition the person, and meet basic needs at least every 2 hours or as often as noted in the care plan.

Safety Guidelines, cont'd.

- Report and record the following:
 - The type of restraint applied
 - The body part or parts restrained
 - The reason for the application
 - Safety measures taken
 - The time you applied the restraint
 - The time you removed or released the restraint and for how long
 - The person's vital signs

Safety Guidelines, cont'd.

- The care given when the restraint was removed or released
- Skin color and condition
- Condition of the limbs
- The pulse felt in the restrained part
- Changes in the person's behavior
- Complaints of discomfort; a tight restraint; difficulty breathing; or pain, numbness, or tingling in the restrained part
 - Report these complaints to the nurse at once.

Applying Restraints

- Applying restraints

- Restraints are made of cloth (soft restraints) or leather.
- Wrist restraints (limb holders) limit arm movement.
- Mitt restraints prevent finger use.
- Belt restraints are used when the person is at risk for injuries from a fall or when they are needed for positioning during a medical treatment.
 - The belt is applied over a garment.
- Vest restraints and jacket restraints are applied to the chest.
 - A jacket restraint is applied with the opening in the back.
 - For a vest restraint, the vest crosses in front.
 - The straps of vest and jacket restraints always cross in the front.

Applying Restraints, cont'd.

- Vest and jacket restraints are never worn backward.
 - Strangulation or other injury could occur if the person slides down in the bed or chair.
 - The restraint is always applied over a garment.
- Vest and jacket restraints have life-threatening risks.
 - Death can occur from strangulation.
 - The nurse should assume full responsibility for applying a vest or jacket restraint.