

A BRIEF LOOK AT - THE USE OF RESTRAINTS



In addition to the Agency's other policies, procedures, and trainings, as well as the information in other "A Brief Look" lessons, consideration should be given to the use of restraints on patients/clients in the home.

Throughout the country, health care facilities have banned or limited the use of restraints to prevent falls, wandering, pulling out tubes, or causing injury to oneself or others. However, in the home care environment, families may purchase restraints or improvise restraints out of sheets or belts, etc., using them for the same reasons listed above. Also, it may be for their own convenience so they don't have to be involved in providing care as alternatives to restraints but this is not a good reason and could be a sign of abuse.

A restraint like this one might be used on the wrists to prevent the patient/client from pulling out tubes or hitting the caregiver.



Restraints like these might be used to prevent a person from falling out of bed.



A geri-chair or a vest restraint might be used to prevent a person from getting out of the chair with the idea of preventing a fall or the person's wandering.



The Registered Nurse (RN) will assess the need for the use of restraints on admission and thereafter. S/he will provide instruction to the patient/client/caregiver on the purpose, risks, application, safety, and care of the restrained individual. A physician's order is needed giving the clinical justification for the restraint and the duration of its use. A determination must be made for the least restrictive restraint to use. General considerations when using restraints include:

- * tell the patient/client the restraint is used for his/her safety, not as punishment;
- * follow the manufacturer's instructions for the application of the restraint;
- * be sure the restraint is not too tight to avoid impairing circulation; and
- * remove the restraint every two hours and observe for circulation and skin integrity. At this time, you may take the person to the bathroom and/or perform range of motion exercises or other physical activity such as taking the person for a walk or providing a meal.

Documentation in the client's record will include the patient's/client's condition that warrants using restraints, justification for the restraint, and teaching provided to the family/caregiver. The physician and appropriate authorities will be notified if abuse of using restraints is determined.

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QUIZ

1. Restraints are used to prevent a patient/client from falling or wandering off.
 True
 False
2. A wrist restraint might be used to prevent the individual from hitting his/her caregiver.
 True
 False
3. A determination must be made of the least restrictive restraint to use.
 True
 False
4. Remove the restraint every four hours or so, allowing the individual to eat his/her meals.
 True
 False

Signature

Date

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ANSWER KEY

1. TRUE
2. TRUE
3. TRUE
4. FALSE