Title of Activity: UHS-RESTRAINTS

Total Number of Contact Hours: 1 Hour

Intended Level of Learner: Introductory

Purpose/Goal: At the completion of the inservice participants will be able to:

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Content (Topics)</th>
<th>Teaching/Learning Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain the difference between a physical restraint and a chemical restraint</td>
<td>What is a Restraint?</td>
<td>Written material online</td>
</tr>
<tr>
<td>Describe three required steps in the process of restraint utilization.</td>
<td>The Process of Restraint Utilization</td>
<td>Written material online</td>
</tr>
<tr>
<td>List five ways of reducing tension in a patient without utilizing a restraint.</td>
<td>Reducing Environment Tension</td>
<td>Written material online</td>
</tr>
<tr>
<td>List seven actions staff members can take to help reduce a patient’s needs for restraints</td>
<td>Alternatives to Restraints</td>
<td>Written material online</td>
</tr>
<tr>
<td>Learner Assessment and understanding</td>
<td>Questions</td>
<td>Post-Test</td>
</tr>
</tbody>
</table>
INTRODUCTION

Restraint usage has long been a topic of debate in the health care industry. The industry has evolved from utilizing restraints as a part of the standard for overall patient safety to considering a restraint-free environment most beneficial to the outcome of those in our care. There are federal and state laws regarding the use of restraints. The unauthorized use of restraints may even be considered false imprisonment. The Resident’s Rights document also declares that a patient has the right to be free from unnecessary physical and chemical restraints. Health care facilities are required to make smart choices and stay within mandated guidelines to assure safety for their patients in the least restrictive environment. It is often a difficult task to accomplish. Our company has developed policies and procedures to assist in the process. Being restrained affects a person physically and emotionally, and the use of a restraint should be carefully weighed and measured before being considered as a treatment or safety option.

WHAT IS A RESTRAINT?

A physical restraint is defined as any device or equipment that: a patient cannot easily remove, restricts free movement, or does not allow access to one’s own body. Examples of physical restraints include:

- Vest, wrist, arm, ankle, leg, or jacket restraints.
- Hand mitts.
- Wheelchair safety belt or any device tied as a safety belt to hold a patient in place (sheets, blankets).
- Geri-chairs.
- Recliners or lounges with the footrest elevated that has an object positioned under the footrest to prevent lowering.
✓ Merrywalkers.

✓ Side rails.

Chemical restraints are medications that are given to a patient to control behavior. These medications are often used to calm a patient. The overuse of chemical restraints has been a common problem in many long term healthcare centers throughout the country. Alternatives to restraints should be attempted before restraints are utilized. Restraints are used only as a last resort in situations where patients may harm themselves or others, and other measures used have failed to protect the patient. Restraints should NEVER be utilized for the convenience of the staff! When restraints are used, care must be taken to assure that the least restrictive device has been implemented.
THE PROCESS OF RESTRAINT UTILIZATION

There are rare times when all interventions have failed and a restraint is the only alternative left to be considered in maintaining the safety of a patient. When a restraint must be implemented, the following steps should be taken:

- The patient should be thoroughly assessed and there should be sufficient documentation that other interventions have been attempted and failed.

- A restraint requires a doctor’s order, with concurrent documentation in the nurses’ notes. The order must include: the reason for the restraint or safety device, the type of device, the length of time it can be used, and where it can be used (chair, bed, wheelchair).

- The patient or responsible party/legal guardian must be informed of the need for the restraint, and written permission must be obtained.

- The least restrictive device must be utilized first, with progression to more restrictive devices noted only when there is evidence and documentation that the less restrictive devices have failed.

- The use of the specific restraint must be included on the care plan, with interventions, and must be reviewed at least quarterly.

- Safety devices and restraints should be applied according to the manufacturer’s instructions. The restraint should also be the correct size for the patient for whom it is ordered, and should be used only for the purpose it was intended.

- Always explain to the patient the procedure that is being performed making sure that the patient’s rights are protected.

- The restraint must be reevaluated frequently and discontinued or reduced as soon as practical.
REDUCING ENVIRONMENTAL TENSION

The world within a healthcare center, and sometimes even a private home, is often strange and loud. There are buzzers, bright lights, machines, traffic noise, staff, and visitors that interrupt the normal flow of the day. The external stimuli are sometimes overwhelming for any patient, but more particularly so for those that have cognitive or physical impairments. Multiple internal factors also lead to increased stress in a patient, such as disorientation, poor hearing or vision, poor mobility, fear of incontinence, or fear of the loss of independence.

Reducing tension in a patient often leads to a decrease in the need for restraints. Caregivers can reduce tension and create a safer environment for the patient in a number of ways. It is important for the caregiver to:

- Care for patient’s needs promptly. Answer call lights timely. Take the patient to the bathroom regularly. Follow all instructions for assisting patients with exercise. Be sure that patients have their eyeglasses and hearing aids in place, as applicable. Check patients often and assess their needs.

- Know and observe those patients who are at risk for falls. Intervene as necessary to assist with safety. Review safe mobility points with the patient, and make sure he/she is using assistive devices correctly.

- Report any physical or mental changes to the supervisor promptly.

- Maintain a calm, quiet, consistent environment. Provide for comfort as well as safety. Use supportive pillows and devices as necessary.

- Create diversions and encourage participation in activities. Use music to calm the patient. Television and radios are good for diversion. Encourage activities and games as an outlet for energy. Encourage family participation.

- Allow wandering patients to move about freely within the realm of safety. Small, cozy seating areas often provide comfort and the opportunity to sit down when the patient becomes tired, and should be arranged in areas about the long term healthcare center.
ALTERNATIVES TO RESTRAINTS

Several devices and systems are available as alternatives to restraints. These alternatives should be encouraged and utilized whenever possible to reduce restraint usage and promote the well-being of the patient in question.

Some of these devices and systems include:

- Wheelchair position cushions—these cushions may be utilized to assist in the decrease of leaning or slumping to either side, and to promote upright sitting.

- Saddle cushion/wedge cushion—these cushions may be utilized to assist in preventing a patient from sliding forward and out of a wheelchair.

- Self-release belt—this belt may be useful in assisting the patient’s staying in the appropriate position while seated in the wheelchair. The patient must be able to release the belt on request, each time it is requested, or the belt will be considered a restraint.

- Lap pillow/lap buddy—this cushion may be useful in encouraging upright positioning in the wheelchair, preventing unwanted sliding to the front of the wheelchair, or in providing a means of support for the patient’s arms and upper torso. If the patient cannot remove the cushion upon request, then the device is considered a restraint.

- Geri-chair—this chair is useful in promoting mobility for patients who are unable to be transported by wheelchair. It provides an opportunity for patients to comfortably leave the bedroom setting. When the Geri-chair is used as an adjunct to prevent rising and ambulation, it is a restraint.

- Merrywalkers—Merrywalkers allow patients the opportunity to move freely about the building while having the security of a chair for sitting and bars to provide support. The merrywalker opens from the front of the unit. Patients may open the front enclosure of the merrywalker to exit the unit.

- Low beds—Low beds offer an alternative to siderails and restraints while a patient is in bed. Low bed and mats allow the person to rest in bed without the encumbrance of a restraint or siderails while enhancing safety and freedom of movement.

- Alarm systems—these systems provide for increased safety while promoting independence for the patients. The systems are utilized to alert staff members/families that the patient may be in an unsafe situation. The Wanderguard System and the personal alarms for wheelchairs, beds, and chairs are some examples of these systems.
Other systems that may be useful include the sensor pads for beds and chairs that alarm when a patient rises in an attempt to walk or get out of bed unassisted.

The steps to initiation of an alternative or assistive device to restraints are the same as for implementation of a restraint. Assessments should be completed, and physician’s order must be obtained, the patient and/or guardian must be notified and approve, staff must be aware of and educated regarding the device, and it must be care planned. Every step should be followed to enhance the success of the device or system, thereby increasing the safety of the patient while maximizing independence.

CONCLUSION

Caring for patients requires patience and tolerance. We are responsible for the welfare and safety of those in our care. We are also required to provide exceptional care in a setting that encourages independence. It is no easy task. We must remain vigilant in our efforts to reduce the use of restraints within our long term healthcare centers, and to continue to monitor those in our care to assure the best possible outcome.

CORPORATE COMPLIANCE ISSUES

The Corporate Compliance Officer has reviewed this inservice, and would like the following issues stressed to ensure compliance. Call Christi Card, Corporate Compliance Officer, if you have any questions at 706-270-3967.

The Office of Inspector General provides specific guidelines regarding the use of restraints and the rights of each patient. Government regulations require that the provider have specific policies and procedures in place to assure that each patient’s rights are protected from the inappropriate use of physical and/or chemical restraints. Failure to protect the patient from unnecessary physical and/or chemical restraints could result in sanctions against the provider and/or employee. These sanctions may include fines, loss of certification or licensure, inability to work in a health care setting, or prison.
1. Alternatives for the use of physical restraints include:
   a. Appropriate activities for patients.
   b. Maintaining a homelike environment.
   c. Knowing which patients are at risk for falling.
   d. All of the above.

2. Physical restraints may be used for patients who:
   a. Wander about the building.
   b. Present a danger to themselves or others.
   c. Refuse to eat or take medication.
   d. All of the above.

3. Medication used to change or correct a behavior is considered a restraint.
   a. True
   b. False

4. Side rails are not considered a restraint, so they can be used at any time.
   a. True
   b. False

5. A physician’s order is required to use a positioning cushion in a wheelchair.
   a. True
   b. False

6. Where should the call signal be placed if the patient is confused and disruptive?
   a. On the wall over the bed.
   b. Fastened on the side rail.
   c. Within the nurse’s reach.
   d. Within the patient’s reach.

7. A lap cushion is not ever considered a restraint.
   a. True
   b. False
8. Alternatives for the use of restraints include:
   a. Geri chairs
   b. merrywalkers
   c. low beds
   d. alarm systems
   e. all of the above

9. Ways to reduce tension in each patient’s environment includes:
   a. maintaining a quiet, consistent environment
   b. create diversions
   c. identify patients who are at risk for falls
   d. all of the above

10. Examples of physical restraints include:
   a. wrist restraints
   b. medication
   c. vest restraints
   d. a and b
   e. a and c
   f. all of the above

11. It is necessary to contact the guardian/responsible party if a restraint is used for patient safety.
   a. True
   b. False