

Use of Restraints in the Long-Term Care Setting

A Primer for CNAs

2.0 In-Service Hours

**NOTE: This course is not accredited for RNs, LPNs, LVNs, or APNs.
This course is approved for 2 contact hours (2 in-service hours) for Certified Nursing
Assistants.**

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Use of Restraints in the Long-Term Care Setting: *A Primer for CNAs*

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Objectives:

Upon completing this course, the learner will be able to:

1. Describe the types of physical restraints.
2. Explain the reasons for the use of restraints.
3. Discuss the benefits and risks of bed rail restraints.
4. Explain the correct use of restraints.
5. Describe alternatives to the use of restraints.

INTRODUCTION

The use of restraints on nursing home patients is a very controversial topic. It involves the ethical dilemma of balancing the patient's right to freedom of movement with the nursing home's responsibility to protect the safety of the resident. Nursing home staff are faced on a daily basis with the challenge of finding the most appropriate balance between ensuring the residents enjoyment of their legal rights to freedom of movement with the ultimate goal of the nursing home, which is to protect the health and safety of each of its residents.

TYPES OF PHYSICAL RESTRAINTS

Physical restraints include any items that are used to prevent the movements of a resident. Items used to restrain a resident include vests, belts, hand and leg cuffs, hand mitts and safety blankets, and are often used in tandem with specialized chairs and bed rails. Some items used as restraints are not necessarily restraints in nature. For example, bed rails can be used not to restrain, but to help prevent a resident from falling out of bed. In the end, whether an item is considered a restraint ultimately depends on the actual use of the item at any given time.

Restraints can also be chemical in nature. Chemical restraints include sedatives. The sedatives are given to the resident to control aggressive, violent or irrational behavior.

Another form of restraint is isolation. Isolation involves placing the resident in a locked room away from other resident and staff. The resident is not allowed to voluntarily exit the locked room. The only advantage to isolation, from the resident's perspective, is that they have freedom of movement while in the locked environment.

REASONS FOR THE USE OF RESTRAINTS

Restraints are most commonly used to prevent residents from injuring themselves or others. The potential injury being protected against can simply be that of falling, or can include actual acts of violence. Restraints are also used to prevent a resident from wandering inside and possibly outside of the facility, to keep the patient still during medical treatment and to prevent the resident from essential tubes such as IVs and feeding tubes.

Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the nursing home staff will help to determine how best to keep the patient safe. Historically, physical restraints have been used to try to keep patients safe in health care facilities. In recent years, the health care community has recognized that physically restraining patients can be dangerous. Although not indicated for this use, bed rails are sometimes used as restraints.

A Closer Look at Bed Rail Safety

Bed rails can be a source of serious concern in regards to patient safety. Though bed rails are often times necessary to prevent residents from falling out of their beds, there are many reported cases of patients becoming caught, trapped, entangled and strangled in beds with rails.

The Benefits and Risks of Bed Rails

Potential benefits of bed rails include:

- Aiding in turning and repositioning within the bed.
- Providing a hand-hold for getting into or out of bed.
- Providing a feeling of comfort and security.
- Reducing the risk of patients falling out of bed when being transported.
- Providing easy access to bed controls and personal care items.

Potential risks of bed rails may include:

- Strangling, suffocating, bodily injury or death when patients or part of their body are caught between rails or between the bed rails and mattress.

- More serious injuries from falls when patients climb over rails.
- Skin bruising, cuts, and scrapes.
- Inducing agitated behavior when bed rails are used as a restraint.
- Feeling isolated or unnecessarily restricted.
- Preventing patients, who are able to get out of bed, from performing routine activities such as going to the bathroom or retrieving something from a closet.

CORRECT USE OF RESTRAINT DEVICES

Many incidents that result from the incorrect use of restraint devices (fractures, burns, strangulations, etc.) are the result of incorrect use of these devices, including inappropriate patient selection, incorrect restraint selection, errors in correctly applying the devices, and inadequate monitoring of patients when restrained. The following are FDA recommendation designed to decrease the incidence of deaths and injuries with these devices.

- Assess the cause for which the restraint is being considered, develop alternatives to restraint use, and implement these alternatives before applying restraints.
- Allow the use of restraints **ONLY** under the supervision of licensed healthcare providers and for a strictly defined period of time.
- Facilities should define and communicate a clear policy on the use of restraints (alternatives to restraint use, appropriate conditions for restraint use, length of wear time, etc.). This written policy should also be available for any patient/resident or any family member.
- Informed consent should be obtained from patient/resident or guardian prior to use. Patients have the right to be free from restraint. However, if it is determined that a restraint is necessary, explain the reason for the device to the patient/resident and guardian to prevent misinterpretation and to ensure cooperation.
- Prior to use, you should read and follow the manufacturers directions for use:
 - Select the types of restraint that is appropriate to the patient's condition.
 - Use the correct size.
 - Note the "front" and "back" of the restraint and apply correctly.
 - Secure restraints designed for use in bed to the bed springs or frame, **NEVER** to the mattress or the bed rails. If the bed is adjustable, secure restraints to parts of the bed that would move with the patient (not constrict the patient).
 - Tie knots with appropriate hitches so that they may be released quickly.
- Emphasize good nursing, rehabilitative, and patient care practices:
 - Observe patients in restraints frequently.

- Remove the restraints at least every two hours, and more often if necessary, and allow for activities of daily living.
 - Carefully apply the device and adjust properly so that it maintains body alignment and ensures patient comfort.
 - Continue assessment even after a restraint is used and discontinue use as soon as feasible. Restraint use should be considered a temporary solution to a situation.
- Clearly document in the patient's record the medical reason for use of the restraint, the type selected, and the length of time for treatment.
 - Follow local and State laws regarding the use of protective restraint devices.

NEGATIVE IMPACT OF RESTRAINT USE

Drawbacks of restraint use include subjecting the patient to immobility and loss of dignity and to an increased risk of constipation, urinary retention, muscle atrophy, potential limb ischemia and pressure sores.

Regulatory agencies, health care organizations, product manufacturers and advocacy groups encourage hospitals, nursing homes and home care providers to assess patients' needs and to provide safe care without restraints.

ALTERNATIVES TO RESTRAINTS

Physical restraints are used to restrain violent and aggressive patients and to simply remind individuals not to get up without assistance. However, there are many newer and safer techniques available. Restraints can be extremely useful as a temporary measure in providing needed medical treatment - such as intravenous medications, specialized feedings or wound care - during the assessment period, or when other less restrictive measures have failed to provide adequate safety. Applying physical restraints routinely or for prolonged periods should be avoided whenever possible. Restraint use often leads down a slippery slope of increased dependence and disability.

The following measures can often times be utilized to avoid the use of restraints:

1. The use of personal strengthening and rehabilitation programs;
2. Use of personal assistance devices such as hearing aids, visual aids and mobility device;
3. Use of positioning devices such as body and seat cushions, and padded furniture;

4. Efforts to design a safer physical environment, including the removal of obstacles that impede movement, placement of objects and furniture in familiar places, lower beds and adequate lighting;
5. Regular attention to toileting and other physical and personal needs, including thirst, hunger, the need for socialization, and the need for activities adapted to current abilities and past interests;
6. Design of the physical environment to allow for close observation by staff;
7. Efforts to increase staff awareness of residents' individual needs - possibly including assignment of staff to specific residents, in an effort to improve function and decrease difficult behaviors that might otherwise require the use of restraints;
8. Design of resident living environments that are relaxing and comfortable, minimize noise, offer soothing music and appropriate lighting, and include massage, art or movement activities;
9. Use of bed and chair alarms to alert staff when a resident needs assistance;
10. Use of door alarms for residents who may wander away.

IMPORTANT TIPS FOR THE USE OF PATIENT RESTRAINTS

Physical patient restraints can be useful in protecting the patients/residents from falls and from wandering or straying. However, restraints are not the only solution to these difficulties and in some cases may be more dangerous. The following are important tips that can make more aware of when and how restraints should be used. It will also help you identify problems which could have serious consequences if not responded to.

Patient Rights

Patients/residents have the right to be free from restraints. Restraint use should not be a first choice solution. Before allowing yourself or a loved one to be restrained, be sure to understand the reason for the restraint use, request a limited time frame for restraint use, and be sure that all other solutions to the problem have been exhausted.

Facility Policy

All health care facilities must have a written policy on use of patient restraints. Ask to see this document and be sure that you understand and are comfortable with the policy set forth by your facility.

Prescription Device

Restraints are prescription devices and may only be used if a physician, or other healthcare professional licensed to prescribe in your State, has specifically ordered a restraint for an individual. The need for the restraint must be well document in the patient chart and assessment of the need should continue even after the device has been ordered.

Patient Criteria

Not all patients/residents are appropriate for restraint use. For example, an agitated or seriously confused patient may not be a good candidate for restraints. The use of restraints may only add to this agitation or confusion and place the patient in jeopardy as he/she may try to escape from the device. These medical symptoms combined with the use of a restraint may lead to a serious injury or death.

Appropriate Size

It is very important to be sure that the appropriate size o restraint is selected. A restraint that is too small will be uncomfortable for the patient and may cause agitation or constriction of bodily parts. A restraint that is too large or loose, where the patient can slide down or forward, may result in asphyxiation.

Good Labeling

Manufacturers of patient restraints are being required to develop better labeling. They are also being encouraged to use graphic in improved labels, sewn directly on the device, to help ensure proper application. Look for these labels and alert a healthcare provider if it appears a device is on incorrectly or a patient is uncomfortable in a restraint.

Proper Use

For wheelchair use, be sure that the patient is upright and securely seated in the chair before applying the restraint. See device directions for correct application. Incorrect applications is more likely to result in the patient sliding forward which may result in asphyxiation. For use in a bed, be sure the restraint is NEVER tied to the bed rails or mattress. The restraint should only be tied to the bed springs. Also, most restraint are not indicated for use with regular beds or regular chairs, including geri-chairs. Consult the manufacturer labeling for correct application of the restraint to any bed or chair.

Length of Wear

Any patient/resident in a restraint must be free of that restraint at frequent intervals to ensure good patient health. Long-term immobilization can contribute to various health problems including decubitus ulcers, nerve damage, incontinence, and sensory deprivation. Consult with the facility policy for the maximum length of each period of restraint use. During the time when the patient is free of restraint, be sure that exercise, such as walking, is available and encouraged.

Patient Monitoring

Patients/residents must be monitored frequently while wearing a restraint device. As with any other medical device, supervision and monitoring are critical to ensure the safety of the patient.

Ask your facility what alternatives exist or are being developed to reduce the use of restraints. Restraints should never be used a substitute for nursing care. They are an adjunct to proper care. In many cases, volunteers may be all a facility needs to help keep patients free from restraints. However, if you are aware of potential dangers of restraint use and know what to look for and what to do if you see a restraint being used incorrectly, it could save a patient from a serious injury or even death.

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