

# Understanding Restraints and Restraint Alternatives

(1 credit)

After completing this section you should be able to:

1. Define the term “restraint” and give reasons why restraints were used
2. List physical and psychological problems associated with restraints
3. Define the terms “restraint-free” and “restraint alternatives” and list examples of restraint alternatives
4. Describe what must be done if a restraint is ordered

1. Define the term “restraint” and give reasons why restraints were used

A **restraint** is a physical or chemical agent that is designed to restrict voluntary movement. The most common physical restraints are the vest restraint, belt restraint, wrist/ankle restraint, and the mitt restraint. Side rails and special chairs, such as geriatric chairs, are also considered physical restraints (Fig. 4-1). Chemical restraints are medications given to control a person's behavior.



Fig. 4-1. A side rail on a bed is considered a restraint.

In the past, restraints were commonly ordered for the following reasons:

- To prevent a person from injuring self or other people
- To prevent a person from pulling out tubing that is needed for treatment
- To prevent a person with dementia or who is confused from wandering
- To prevent a person from falling

Restraint usage was abused by caregivers. The abuse led to new restrictions and laws on the use of restraints. Today, the use of both physical and chemical restraints in facilities has greatly decreased.

Generally, restraints are only used as a last resort. Restraints can never be used without a doctor's order. It is against the law for staff to apply restraints for staff convenience or to discipline a resident.

2. List physical and psychological problems associated with restraints

There are many problems associated with restraints. Some of the negative effects of restraint use include the following:

- reduced blood circulation
- stress on the heart
- incontinence
- constipation
- weakened muscles and bones
- loss of bone mass
- muscle atrophy
- pressure sores
- risk of suffocation
- pneumonia
- less activity, leading to poor appetite
- loss of dignity
- loss of independence
- increased agitation
- increased depression and/or withdrawal
- poor self-esteem

Restraints have also caused severe injury and even death.



Fig. 4-2. Restraints cause many problems, including depression and withdrawal.

3. Define the terms “restraint-free” and “restraint alternatives” and list examples of restraint alternatives

Laws provide for the use of restraints only when absolutely necessary to ensure the safety of the person, other people around

that person, and staff members. State and federal agencies are encouraging facilities to take steps to achieve a restraint-free environment.

**Restraint-free** care means that restraints are not used for any reason and are usually not kept by the healthcare facility.

In order to achieve this goal, many facilities are using creative ideas called **restraint alternatives**. A restraint alternative is considered to be any intervention that is used in place of a restraint or reduces the need for a restraint.

Many scientific studies show that the use of restraints in facilities is no longer necessary with today’s ability to diagnose and treat residents. And people tend to respond better to the use of creative ways to reduce tension, pulling at tubes, wandering, and boredom.

Examples of restraint alternatives include the following:

- Improve safety measures to prevent accidents and falls. Improve lighting.
- Answer call lights promptly.
- Use postural devices to support and protect the persons’ bodies.
- Ambulate the person when he or she is restless.
- Assist in transferring the person to another bed or chair.
- Incorporate exercise into the care plan.
- Provide nighttime activities for those who wander at night.
- Encourage activities and independence. Escort the person to social activities.
- Increase visits and social interaction.
- Provide frequent assistance with toileting.
- Provide assistance with cleaning immediately after an episode of incontinence.

- Offer food or drink.
- Make sure call light is within reach.
- Offer reading material: magazines, newspapers, etc.
- Assist back to bed for a nap.
- Decrease the noise level.
- Give the person a repetitive task.
- Distract or redirect interest.
- Listen to soothing music.
- Use massage or relaxation techniques.
- Assess the person's medication use.
- Reduce pain by scheduling pain medications.
- Offer a few minutes of one-on-one time with a caregiver.
- Provide familiar caregivers.
- Increase the number of caregivers using family and volunteers.
- Use a team approach to meeting the person's physical and psychological needs.
- Offer training seminars to teach gentle approaches to difficult people.

There are also several types of pads, belts, special chairs, and alarms that can be used instead of restraints (Fig. 4-3).



Fig. 4-3. A wheelchair positioner cushion can be used instead of restraints.

#### 4. Describe what must be done if a restraint is ordered

Never use a restraint unless your supervisor has told you to do so and you have been instructed in the proper use of the restraint. Follow the care plan.

When a person must be restrained, he or she has to be monitored continuously. The person must be checked at least every 30 minutes. Every two hours, or as needed, the following must be done:

- Release the restraint for at least ten minutes.
- Offer assistance with toileting. Check for episodes of incontinence. Provide incontinence care.
- Offer fluids.
- Check the skin for irritation. Report any red or discolored areas to your supervisor immediately.
- Reposition the client.
- Ambulate client if he or she is able.

