Physical Restraint Application

Purpose

The purpose of this procedure is to provide safety or postural support of a resident to prevent injury to the resident or others when the resident has medical symptoms that warrant the use of restraints.

***** All restraints must be applied per manufacturer's guidelines.**

Definition

Physical restraints are defined by the Centers for Medicare and Medicaid Services (CMS) as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. (**Note**: The definition of restraints is based on the functional status of the resident and not on the device, therefore any device that has the effect on the resident of restricting freedom of movement or normal access to one's body could be considered a restraint. The resident must be physically and cognitively able to self-release devices such as velcro lap trays or tables, seat belts with velcro, or easy snap seat belts and merriwalkers. If a resident cannot mentally and physically self-release, then the device is considered a restraint.) The use of side rails as restraints is prohibited. Vest restraints, belts with adjustable loops and roll bar restraints are prohibited. A family member may not request a restraint be used if it is not necessary to treat the resident's medical symptoms.

General Guidelines

Generally, residents with restraints should not be secluded and should be monitored consistent with the facility's policy.

Preparation

1. Verify physician's order for the use of restraints. A physician's order must include restraint type, medical reason for use, time frame it may be used, circumstances it may be used, and instructions for release.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble equipment and supplies needed.
4. Refer to specific manufacturer product guidelines of desired product for application, and maintenance instructions.
5. Carefully assess the behavior and symptoms, and attempt to identify and to remove the cause and symptoms by such things as:
   a. Giving more choice or catering to individual needs and customary routines.
   b. Increase recreation or restorative activities.
   c. Environmental modification.
   d. Increased supervision.
   e. Assess physical needs such as thirst, hunger, toileting, and sleep, etc.
   f. Bed and chair alarm systems.
   g. Secure environment such as a locked Dementia unit.
6. A thorough assessment must be conducted with input from all appropriate staff and disciplines and the plan of care specify the needs and plans. Restrictive devices should only be used after all non-restrictive attempts have been considered. A pre-restraint assessment is required for all Illinois facilities.
7. Agitated, restless residents may require additional supervision.
8. A licensed nurse may apply an emergency restraint, pending a physician's order, for no longer than 12 hours.

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Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Restraint, as ordered such as self-releasing belts, wedge cushions, hand control mitts, Pommel cushion, lap hugger, soft belt, wheelchair tray, shoulder harness, geri-chair with or without tray, merriwalker

Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Apply the ordered restraint using the appropriate procedure. Follow the instructions provided by the manufacturer of the restraint.
4. Method of application for **Soft Tie Belt:**
   a. Place soft tie belt across the resident's waist.
   b. Cross tie behind the resident to allow for movement.
   c. Tie behind wheelchair and under the armrests or to moveable part of the bed frame with a slip knot to allow for speedy removal in an emergency.
   d. Place one hand under edge of soft tie belt to be sure it is not too tight.
   e. Never tie to or around the side rails or the lowest part of the bed frame.
5. Method of application for **Soft Cloth Mittens:**
   a. Place mitten on resident's hand.
   b. Secure the mitten at the resident's wrist loose enough to insert two fingers between the mitten and the wrist.
   c. If the wrist is to be restrained also, follow wrist restraint directions below.
6. Method of application for **Wrist Restraints:**
   a. Place soft cloth cuff of the wrist restraint around the resident's wrist. Allow sufficient room to insert three fingers between the resident's wrist and the restraint.
   b. Tie in such a manner that restraint will not tighten when pulled.
   c. Secure tie to arm of the wheelchair or to moveable part of the bed frame allowing adequate length of tie for movement.
   d. Never tie to or around the side rails or lowest part of the bed frame.
7. Method of application for **Seat Belt:**
   a. Position the resident's arms and hands free from restriction by the seat belt.
   b. Straighten the seat belt; no irritating twists or wrinkles should be present.
   c. Position seat belt around resident's waist and secure clasp. Place one hand under edge of seat belt to be sure it is not too tight.
   d. Check to be sure that clasp does not cause pressure to any part of the resident's body.
8. Method of application for **Trays:**
   a. Position the resident's arms and hands free from restriction by the tray.
   b. Place the tray in proper position on top of the wheelchair/chair arms.
   c. Secure the tray with spring release clamps or Velcro fasteners.
   d. Position the resident's arms comfortably on top of the tray.
   e. Place one hand between the resident and the tray to be sure tray is not causing pressure on any part of the resident's body.
9. Be gentle with the resident. Do not rush the procedure.
10. Secure all types of restraints in a slip knot to allow for speedy removal in an emergency. (Adjustable loop ties should never be used)
11. Make the resident comfortable (e.g., reposition bed covers, position comfortably in wheelchair, etc.).
12. Place the call light within easy reach of the resident.
13. If used, clean the bedside stand and/or overbed table and return the overbed table to its proper position.

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Steps in the

Procedure (continued)

14. If the resident desires, return the door and curtains to an open position and if visitors are waiting, tell them they may now enter the room.
15. Check the resident every 30 minutes.
16. Remove the restraint every 2 hours for at least 10 minutes and change the resident's position. Exercise the resident.
17. Take the resident to the bathroom at regular intervals.
18. Wash and dry your hands thoroughly before and after care.

Documentation

The following information should be recorded in the resident's medical record:

1. A restraint assessment should be conducted whenever there is an initial use or consideration to discontinue use or/and consideration for a change in the type of restraint. Illinois facilities require a pre-restraint assessment.
2. Residents response to use of restraint should be documented for 72 hours upon initial use.
3. The use of a restraint should be re-evaluated monthly for the duration of use.
4. A written informed consent must be obtained from the family. This consent should include written permission for the specific device and the reason and the explanation of the risks and benefits.
5. A care plan should be initiated and focus on safety, restorative/rehabilitative goals to prevent any decline in function, and prevention of skin breakdown.
6. Each time the device is released for resident exercise, toileting, and position change.
7. Each time the resident is monitored, per facility policy.
8. All assessment data (e.g., bruises, rashes, sores, etc.) observed during the procedure.
9. If and how the resident participated in the procedure or any changes in the resident's ability to participate in the procedure.
10. Any problems or complaints made by the resident related to the restraint application.
11. If the resident refused the treatment and the reason(s) why.
12. The signature and title of the person recording the data.

Reporting

1. Report information in accordance with facility policy and professional standards of practice.