Hospital Restraint Safety

Applying restraints to a patient who does not want to be restrained is dangerous for both the patient and staff. If the use of a restraint poses a greater risk to safety than the reason, attempt a different method. If the patient is a danger to themselves and all other alternatives have been contemplated, deemed insufficient, and documented appropriately, then apply the right restraint.

Only the patient’s current behavior should indicate the need for restraints. It is the behavior that should determine whether the restraints are violent or nonviolent, not the location or the hospital unit. Restraints are to be used as a last resort and should be terminated as soon as appropriate. Standing or as needed orders are not allowed.

Examples of violent behavior include:
- Displays of physical intimidation such as, but not limited to, cornering, flailing arms aggressively toward another, or invading another’s personal space intentionally to physically or psychologically intimidate or harm the other.

Examples of nonviolent behavior include:
- Altered mental status or non-threatening behavior that has the potential for physical harm, such as removing lines or fall risk.

Alternatives can include reminder devices, communication and de-escalation strategies, addressing patient needs, moving the room closer to the nurse’s station, encouraging private family conversation with the patient, psychological consultation, decreasing or adjusting distractions and stimuli in the environment, initiating bed alarms, and practicing relaxation techniques.

The type of restraint should be determined only after considering their individual circumstance thoroughly.

Mechanical Restraints
- Hand mitts: Consider to decrease grabbing and pulling, particularly of medical devices. Often used if patient is confused or cannot follow instructions.
- Enclosure bed: Must be at risk for falls and must be impulsive, agitated, unable or unwilling to ask for assistance, or wandering around. Those who are aggressive or violent should not be considered for an enclosure bed.
- Chest vests: May be appropriate for patients with nonviolent behavior that has the potential for physical harm such as removing lines or fall risk.
- Limb restraints: May be appropriate for patients with nonviolent behavior that has the potential for physical harm such as removing lines or fall risk.

Pharmacological/Chemical Restraints: Use ethical decision making based on what is best for the patient. Refer to your facility’s policies/procedures in regards to chemical restraint, which may include:
- Antipsychotics
- Benzodiazepines

Removal of restraints for hygienic reasons (bathing, checking for pressure ulcers and skin damage, etc.) does not constitute removal and therefore, a physician’s order is not required to reinstall. In other words, if you remove the restraints for maintenance, you are acting as the restraint.

Reassessment frequency depends on whether the restraints were used for nonviolent or violent patients. It is the behavior that should determine the category, and therefore the frequency of reassessment, not the location or hospital unit.

Nonviolent patients with restraints should be reevaluated at least every two hours and restraints should only be removed if the patient is no longer a danger to themselves or if another alternative has become feasible. A physician’s order is only valid for 24 hours. Violent patients with restraints should be reevaluated every 15 minutes and clinicians should adhere to the maximum of four hours of restraint use for adults over 18 years old, a maximum of two hours for 9-17 year olds, and a maximum of one hour for those under age nine. At the end of these time limits, a new order needs to be instilled.

CMS defines restraints as “any method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely” (CMS, 2008), which includes mechanical, pharmacological, and chemical methods. But what does that mean?
- Does the patient have physical ability to change position?
  - NO: Not a restraint.
  - YES: Does the patient have physical and cognitive ability to remove device and can remove it purposefully?
    - NO: Not a restraint.
    - YES: Device is a restraint. Document the reason for use.

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