

Independent Nursing and Health Care Staffing Services

Dedicated, Established, RN Owned

Restraint Education

GUIDELINES FOR SELECTION AND APPLICATION OF RESTRAINTS

Selection of restraint device is determined by assessment of the patient's condition. The least restrictive type of device is utilized. The assigned RN is responsible for coordinating and directing the activities of individuals providing assistance in the application of restraints. Hospital Security may be contacted if further assistance is required in the application of restraints.

RESTRAINT SAFETY

Patient Care Supplies/Equipment-as appropriate for patient:

- _ Maintain nurse call device within reach of the patient
 - _ Provide supplies (e.g. tissue, water, telephone, and TV control) within reach of patient
- Leather restraints or Lock belts – ensure that strap key is readily available for emergency removal.

Soft limb restraints/Vest – use a knot that can be released easily and quickly.

Securing Restraint Strap-Secure straps to part of bed that moves with the mattress regardless of bed elevation or position.

TYPES OF RESTRAINTS (See Manufacturer's Instructions For Appropriate Application)

Hard (Leather or Plastic) Restraints

- _ Used for highly combative patients in which soft restraints are ineffective
- _ May use 2, 3, or 4 leather restraints as ordered and appropriate. If using 2 restraints: never restrain both legs or only one side of body. Never restrain both legs without use of upper limb restraint or vest.
- _ Obtain proper size, straps, key, and padding.
- _ May pad limb to prevent friction between skin and restraint.
- _ Apply restraint to limb allowing 1-2 finger gap between restraint and body to preserve circulatory integrity.
- _ Check restrained limb every two (2) hours, minimally, to assure that strap does not tighten and compromise circulation
- _ Secure strap out of patient's reach and lock strap. Never tie all restraints to one side of bed or stretcher.

Soft Limb Restraints

- _ Used for patients that pull at tubes and dressings, to protect extremity from gross movement.
- _ May use 2, 3, or 4 soft limb restraints as ordered and appropriate. If using 2 restraints: never restrain both legs or only one side of body. Never restrain both legs without use of upper limb restraint or vest.
- _ Apply restraint to limb allowing 1-2 finger gap between restraint and skin to preserve circulatory integrity.
- _ Check restrained limb every two (2) hours, minimally, to assure that strap does not tighten and compromise circulation.

_ Leaving 1-2 inches of slack, secure strap out of patient's reach. Never tie all restraints to one side of bed or stretcher.

Vest

- _ Used for patients at risk for fall without compromising patient ability to provide limited self care.
- _ Obtain proper size vest. (Color-coded by manufacturer.)
- _ Secure straps at patient's waist level allowing 2-3-finger gap between vest and patient's body.
- _ Patients may be restrained in an appropriate bedside armchair.

Mitts

- _ Used to prevent unintended battery or removal of tubes or dressings.
- _ May use 1 or 2 mitts.
- _ Apply mitt, assuring that mitt does not tighten and compromise circulation to hand.

Enclosure Bed

_ Used for patients where physical restraints are deemed inappropriate or ineffective and greater freedom of

movement within a "safe " environment is desired.

- _ Must be zippered at all times.
- _ Pad internal structures.

Lock Belt/Reverse Seat Belt

- _ Used for compromised patients at risk for fall.
- _ Maintain 2-3 finger gap between belt and patient's body.