



Restraints/Seclusion (non-RN version)



Restraint Use

Course Objectives

At the end of this course the learner should be able to:

- Define the SHC [philosophy](#) about the use of restraints and seclusion
- Identify causes of threatening or harmful behaviors
- Recognize patient's response to restraint use
- List the types of restraints that can be used at SHC



Restraint Use

Remember



- The "**Check Your Knowledge**" questions are **NOT** scored; go ahead and guess.
- The **Post Test** is scored and a final grade given.
90% or greater is needed to pass the *Restraint* module.
- In addition to passing the posstest in this module, you must *demonstrate correct use of restraint devices*

Contact your unit educator for details



Restraint Use

Check Your Knowledge



A **restraint** is- any way of restricting a person's freedom of movement, physical activity, or normal access to their body.

 True

Correct, A restraint is *any way (physical or chemical) of restricting* a person's freedom of movement, physical activity, or normal access to their body.

False

[Close window](#)



Restraint Use

SHC Restraint Philosophy



At Stanford Hospital and Clinics patients have the *right to be free* from restraints or seclusion.

SHC knows there are certain conditions where [restraint](#) or [seclusion](#) is needed for the patient's safety or the safety of others.

To respect the rights and safety of our patients we:

- **Limit** the use of restraints or seclusion to when it is clinically correct and where different or [less restrictive](#) measures have not worked
- Use restraints/seclusion **only** to prevent injury to the patient, staff or others
- Do **NOT** use restraints/seclusion- to [coerce](#) or discipline (punish) a patient, for [retaliation](#) or for staff convenience (to ease giving care)
- Work to *discontinue* (stop the use of) restraint or seclusion **as soon as possible**
- Keep the safety and dignity of our patient **at all times**, above all during use of restraint/seclusion



Restraint Use

Check Your Knowledge



What can cause a patient to become agitated?

- Neuro surgery
- Medications
- Physical discomfort
- All of the above

Correct. *All* of these things can cause a patient to be agitated.

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Restraint Use

Reasons for Restraint Use



Important reasons why a restraint is used

What can cause a patient to act in a way that gets in the way of medical treatment or results in physical violence?

- Neurological conditions and damage (e.g. stroke, dementia, traumatic brain injury)
- Depression
- Delirium (e.g. from hypoxia, electrolyte imbalance, uremia, infections, metabolic disorders, malnutrition, constipation)
- Physical discomforts (e.g. pain, urgency, nausea)
- Problems with sensory input and communication (e.g. heard of hearing, poor vision, aphasic, foreign language)
- Behavioral causes



Restraint Use

Check Your Knowledge



What things might affect how a patient understands physical contact or touch?

- Age of the patient
- History of abuse
- Ethnicity of the patient
- All of the above

Correct. *All* are important to consider.

Some older patients or those with developmental issues may see physical contact as an attack/threat need to defend themselves. Certain genders or ethnic groups may not be comfortable with certain kinds of physical contact and people who have been abused may also have issues with physical touching.

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Restraint Use

Common Restraint Myths



Myth # 1: Restraints protect patient's from harm and prevent falls and injuries, specially in older patients

Fact: [Restraints](#) *increase the risk* of injury and the rate of injury.

One study showed that even though the number of falls increased when restraints were removed, the seriousness of the person's injury decreased a lot.

Myth #2: Restraint use reduces liability

Fact: liability *can increase* if a restraint is **NOT** used correctly.

Liability does **NOT** decrease if you choose *not* to use a restraint.

The courts have not been willing to support general use of restraints. There must be a clinical or safety issue for a restraint to be used.



Restraint Use

Check Your Knowledge



Myth #3: Restraints calm an agitated or confused patient.

True

✓ False

Correct, Patients may become *even more agitated* when restrained against their will.

Their confusion increases because they can not understand what the device is or why the restraint is on.

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Restraint Use

Common Restraint Myths



Myth # 4: Less staff is needed when a restraint is used

Fact: Due to the limit on what patients can do for themselves and increased lengths of stay, more time (and sometime more staff) is needed to give care.

Myth # 5: Effective alternatives to restraint do not exist

Fact: Usually more than one approach is needed to not have to use [restraints](#). Have family members at the bedside, re-orient the patient to time and place, diversion with TV or radio, etc. are examples of other things that can be used.

A thorough assessment of the patient is the key to finding and applying a variety of [less restrictive](#) options.

The usual reason for using a restraint first when they are not truly needed is that the staff does not know what else to do.



Restraint Use

Patient's Responses to Restraints



Patients reported:

- Not understanding what they had done to make the staff use a restraint
- Feeling like they were being punished or unfairly treated
- Feeling that the staff did not spend enough time listening to them
- Feeling angry and unhappy with the hospital after they were released
- That being secluded was:
 - the single most traumatic part of their inpatient stay
 - left them with negative feelings about their entire hospital stay no matter how positive their feelings about the staff

Consequences of Restraint Use

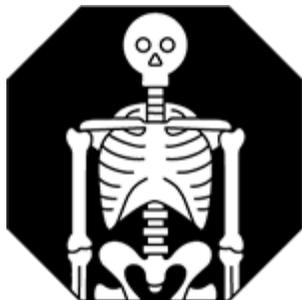
Click on each of the 5 boxes to find out what can happen to patients who are restrained:

- Injury and potential death**- from falls is higher (the number of falls were found to increase, the severity of injuries from the fall decreased significantly) Death can happen from strangulation or asphyxiation (lack of oxygen) when trying to get out of the restraint
- Cardiopulmonary issues**- decreased lung expansion and ciliary movement and patient's can have an increased resting heart rate from the stress and anxiety that restraints can cause
- Skin and musculoskeletal issues**- increased pressure on skin and potential for shearing and friction injuries from patients pulling or fighting with physical restraints, muscle weakness, and contractures
- GI and GU issues**- constipation, dehydration, diminished appetite from the patient being less mobile when restraints are used also an increased risk of urinary track infection and loss of continence
- Psychological**- patients can become anxious, withdrawn, depressed or other reactions to the restraint



Restraint Use

Increased Restraint Risks



Factors that can increase risk of restraint-related death

Take extra care when restraining a person:

- who smokes- their respiratory function is already decreased
- who has physical limits that prevent correct use of restraints
- who are in a supine position- it can lead to aspiration
- who are in a prone (face down on stomach) position- it can lead to suffocation
- who are in a room that is not easily and frequently watched by staff



Restraint Use

Categories of Restraints



There are 2 Categories of restraints

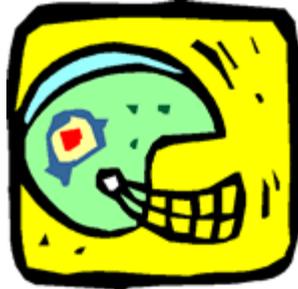
Each restraint category has different standards for assessment, monitoring and care

- **Medical/Surgical-** When the use of a restraining device is to directly support medical healing (intubated patients, patients that pull on their IV's, tubing, etc.)
- **Behavior Management-** When the use of restraint/seclusion is to protect the patient from injury to self or others and there is *no medical or surgical condition requiring protection*



Restraint Use

Restraint Standards



When the restraint standards do **NOT** apply

You do **NOT** need to meet specific standards if you are using a [restraint](#):

- to *limit mobility* during medical, diagnostic, or surgical procedures and the related post-procedure care
- as *protective equipment*, such as helmets
- as *adaptive support*: for posture, orthopedic appliances
- during *legal/police situations*: patients who are restrained by law staff for security purposes

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? Exit Lesson ◀



Restraint Use

Types of Restraints Used at SHC



Types of restraints

- **Vest:** if a patient forgets or is *NOT* willing to stay in bed/chair and is at risk of injury
- **Soft wrist:** to prevent pulling at tubes or hitting staff
- **Soft ankle:** to prevent kicking or pulling at tubes
- **Mitts:** to prevent scratching or grabbing at others
- **Safety/seat belts:** if patient forgets or is unwilling to stay in chair and is at risk of injury
- **Four (4) raised bed rails:** to help patient stay in bed and *NOT* fall/get out without help from the staff
- **Leather-like limb:** if a patient is exhibiting physically aggressive behavior that would injure self or others



Restraint Use

Check Your Knowledge

Which item below is **NOT** a type of restraint?



4 point leather-like device

a bed sheet

Correct. A sheet or other bed linen are **NOT** restraint devices

4 siderails on a bed up

[Close window](#)



Restraint Use

More Restraint Facts



Additional Information regarding physical restraints

- **Sheets are *NOT* a restraint:** sheets must ***NOT*** be used as a [restraint](#) because they can not be “quickly released” in the case of an [emergency](#)
- **Dispose of restraints:** restraints are *for single patient use* and may ***NOT*** be sent home with the patient or family
- **Clean leather-like restraints:** these devices are ***NOT*** disposable, and therefore need to be cleaned between patients with a disinfectant



Restraint Use

Summary



Let's review

- A restraint is **ANY** method of restricting a person's freedom of movement, physical activity, or normal access to their body
- Before using a [restraint](#), try different things to calm the patient (distraction, TV, family at the bedside, etc.) If you use a restraint- use the [least restrictive](#) device possible
- Use restraints/seclusion **only** to prevent injury to the patient, staff or others and **NOT** as a way to force or punish patients, ease giving care, or as revenge by staff
- Agitation and delirium can be caused by many things: neuro problems or injury, medications, stress, treatments, fluid and electrolyte problems, etc.
- Patient's respond in different ways when restrained. Make sure you know the type of response you may see and the problems with using restraints
- There are different categories of [restraints](#)- Medical/Surgical, Behavioral Management

TEST STRUCTURE REPORT
Stanford Univ Medical Center

Exam

Test Override Owner: **Stanford Univ Medical Center**
 Course: Stanford Medical - Restraints/Seclusion nonRN Version: 201

Report Date: 6/07/2010

Test Name: Exam

Last Updated: 11/19/2008

Passing Score: 90

Question Groups: 1

Total Questions: 13

Test Settings

Presentation Mode:	SinglePage
Maximum Attempts:	3
Shuffle Questions:	Yes
Notify Admin After:	3
Allow Test Printing:	No
Allow Bookmarking:	No
Time Limit (minutes):	0
Show Feedback:	Yes

Introduction:

Question Group: 08 questions

Description:

Questions: 13

Questions Count in Test: 10

1. Question 2

MultipleChoice

Custom Identifier:none

Extended Feedback:No

The philosophy of restraint/seclusion use at Stanford Hospital is:

When staffing gets low, we restrain confused patients to maintain their safety.

Never restrain a patient because of low staffing. The philosophy of restraint/seclusion use at Stanford Hospital is that patients have the right to be free of restraints and seclusion.

Patients have the right to be free of restraints and seclusion.

The philosophy of restraint/seclusion use at Stanford Hospital is that patients have the right to be free of restraints and seclusion

Sometimes restraints need to be used to punish a patient.

Restraints are not used to punish a patient. The philosophy of restraint/seclusion use at Stanford Hospital is that patients have the right to be free of restraints and seclusion

None of the above.

The philosophy of restraint/seclusion use at Stanford Hospital is that patients have the right to be free of restraints and seclusion

2. Question 3

TrueFalse

Custom Identifier:none

Extended Feedback:No

The use of restraints will increase the increase the risk and seriousness of injury for patients who are trying to get out of bed (OOB) without needed help.

True

The use of restraints will increase the risk and seriousness of injury for patients who are trying to get out of bed (OOB) without needed help.

The use of restraints will increase the risk and

False	seriousness of injury for patients who are trying to get out of bed (OOB) without needed help.
3. Question 4	TrueFalse
Custom Identifier:none	Extended Feedback:No
Restraints have a tendency to calm an agitated patient	
True	Restraints have a tendency to make a patient more agitated.
✓ False	Restraints have a tendency to make a patient more agitated.
4. Question 5	MultipleChoice
Custom Identifier:none	Extended Feedback:No
Restraints can cause :	
Pressure ulcers and muscle weakness.	Restraints can cause pressure ulcers, muscle weakness, depression and pneumonia.
Depression	Restraints can cause pressure ulcers, muscle weakness, depression and pneumonia.
Pneumonia	Restraints can cause pressure ulcers, muscle weakness, depression and pneumonia.
✓ All of the above	Restraints can cause pressure ulcers, muscle weakness, depression and pneumonia.
5. Question 6	TrueFalse
Custom Identifier:none	Extended Feedback:No
A patient in behavioral restraints needs in-person monitoring at all times	
✓ True	A patient in behavioral restraints needs in-person monitoring at all times
False	A patient in behavioral restraints needs in-person monitoring at all times
6. Question 8	TrueFalse
Custom Identifier:none	Extended Feedback:No
In certain situations, restraints are necessary for the patient's safety or the safety of others.	
✓ True	In certain situations, restraints are necessary for the patient's safety or the safety of others.
False	In certain situations, restraints are necessary for the patient's safety or the safety of others.
7. Question 9	TrueFalse
Custom Identifier:none	Extended Feedback:No
If you work in a diagnostic or treatment department, the only thing you need to know is who to call if you have a problem or question.	
True	If you work in a diagnostic or treatment department, you need to know the kind of restraint (behavioral od Med-Surg), if the restraint is applied safely and who to call on the nursing unit if you have a problem.
✓ False	8. If you work in a diagnostic or treatment department, the only thing you need to know is who to call if you

have a problem or question.

8. Question 10

Custom Identifier:none

Impaired hearing, poor vision, and difficulty speaking and /or only understanding a foreign language can be reasons for agitation when hospitalized.

True

False

TrueFalse

Extended Feedback:No

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9. law suits

Custom Identifier:none

Restraint use reduces law suits

True

False

TrueFalse

Extended Feedback:No

Law suites ususally result from the restraints not being used right than from not using a restraint.

Law suites ususally result from the restraints not being used right than from not using a restraint.

10. seclusion

Custom Identifier:none

When patients were secluded they

Felt tired

Felt cared for

Didn't like the staff

Felt it was the worse part of being in the hospital.

MultipleChoice

Extended Feedback:No

When patients are secluded they felt it was the worse part of being in the hospital and had negative feelings about the whole stay, no matter how much they liked the staff giving them care.

When patients are secluded they felt it was the worse part of being in the hospital and had negative feelings about the whole stay, no matter how much they liked the staff giving them care.

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11. Question 14

Custom Identifier:none

Restraint related death can be caused by restraining a person

Who has deformities

Who is lying flat on his or her back or stomach

Who is in a room that is not under continuous observation

All of the above.

MultipleChoice

Extended Feedback:No

Restraint related death can be caused by restraining a person who has deformities, is lying flat on his or her back, is lying flat on his or her stomach or is in a room that is not under continuous observation.

Restraint related death can be caused by restraining a person who has deformities, is lying flat on his or her back, is lying flat on his or her stomach or is in a room that is not under continuous observation.

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12. Question 15

Custom Identifier:none

TrueFalse

Extended Feedback:No

When limiting mobility during medical, diagnostic or surgical procedures and the related post-procedural care, the standards of restraints are the same

True

 False

When limiting mobility during medical, diagnostic or surgical procedures and the related post-procedural care, the standards of restraints policy do not apply.

When limiting mobility during medical, diagnostic or surgical procedures and the related post-procedural care, the standards of restraints policy do not apply.

13. Question 16

Custom Identifier:none

TrueFalse

Extended Feedback:No

There must be an MD order to apply restraints or use seclusion True

False

There must be an MD order to apply restraints or use seclusion.

There must be an MD order to apply restraints or use seclusion.



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