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
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 posttest 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.

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.

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
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.
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
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.
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.
Check Your Knowledge

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

*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.
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.
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 tract infection and loss of continence

- **Psychological**: patients can become anxious, withdrawn, depressed or other reactions to the restraint
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 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
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 cannot 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
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**1. Question 2**

**MultipleChoice**

**Custom Identifier:none**

**Extended Feedback:No**

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

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

**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 seriousness of injury for patients who are trying to get out of bed (OOB) without needed help.
3. Question 4  
**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  
**Custom Identifier:** none  
**Extended Feedback:** No  
**Restraints can cause:**  
- Pressure ulcers and muscle weakness.  
- Depression  
- Pneumonia  
All of the above

5. Question 6  
**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  
**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  
**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 or 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
8. Question 10

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

- True
- False

9. Law Suits

Restraint use reduces law suits

- True
- False

10. Seclusion

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.

11. Question 14

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.
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<td>✔ True</td>
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