Use of Restraints

The use of restraints, chemical or physical, is intended to temporarily prevent free movement of a patient in emergency situations, or in situations when the patient poses a threat to themselves or others. Restraints are intended to be used as a last resort, after other therapeutic calming measures have been exhausted; the use of physical restraints could result in increased patient agitation. Sensation, pulse, and movement of the restrained limb(s) should be assessed every 10 to 15 minutes. The patient’s elimination needs should also be considered periodically, in addition to offering the patient food and water. A medical order for the use of restraints must be obtained within one hour of application and restraints are to be applied using only quick-release ties. Restraints are never to be secured to the side rails of the bed.



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Use Guidelines

During Emergency
Emergency-lights
The use of restraints should be limited to situations in which there is no alternative, or when other therapeutic measures of calming the patient have been attempted. Emergency situations can include times when the patient poses a risk to themselves or others, including health care workers.

Protecting From Harm
Protecting From Harm
Patients who are under the influence of drugs or alcohol, individuals who are confused, or those with various mental disorders may require the use of restraints until they can return to a calm, functioning state. Typically, restraints are applied, when the patient poses a risk to themselves or others.

For Limited Time
Limited Time-offer
Restraints are not intended to serve as a long-term solution. Instead, they should only be used temporarily, and they should be removed as soon as it is appropriate. Complications associated with immobility (pressure ulcers, constipation, pneumonia, incontinence) can occur with the long-term use of restraints.

Considerations

Last Resort
The Last Resort
Restraints should be used as a last resort, and when applied, they should only be secure enough to be effective.

May Further Agitation
Further Agitated
Application of restraints may result in further agitation, and should be used with discretion. Restraints should be removed every 2 hours or more frequently to provide skincare, ROM, check extremity pulses, etc., according to agency policy.

Frequent Observation
Observatory around the clock
Sensation, pulse and movement of the patient’s restrained limb(s) should be assessed every 10 to 15 minutes, or according to the facility’s protocol. The patient’s elimination needs should also be considered periodically, in addition to offering the patient food and water, frequently, to prevent fainting or dehydration.

Obtain Order Within 1 Hour
Order Within (1) Wand Hour-glass
A medical order for the use of restraints must be obtained within one hour after the patient is restrained. Contacting the patient’s provider should be a priority, as soon as the patient is safely secured, because a face-to-face assessment of the patient by the patient’s provider must occur within 1 hour.

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Quick-Release Tie

Quick-Released Tie

Restraints are to be applied using a quick-release method; knots are never to be used. It is also important to note that restraints should not be secured to the side rails of the bed or stretcher.

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