



Restraints: Essential Systems for Quality Care

System to review Key interventions to reduce restraint use

Organizational Commitment

- Establish a facility-wide commitment to develop and maintain a restraint-free environment.
- Identify key staff members to form an interdisciplinary restraint elimination team.
- Implement a no-restraint policy.
- Analyze current clinical practices such as screening, assessing, use of restraints, documentation, and interventions.
- Educate staff, family, and residents on the dangers of restraints and how to implement less restrictive alternatives.
- Assess and treat underlying conditions causing the use of restraints.
- Consider environmental modifications to promote safety and decrease use of restraints.
- Celebrate restraint reduction/elimination success stories, reward caregivers and family members for assistance in creating a restraint-free environment.
- Provide appropriate resources such as adequate staffing, continuing education, strong communication systems, standardized tools, environmental modifications, and necessary equipment.
- Evaluate the outcome of restraint elimination programs and revise as needed.

Assessment

- Develop systems for interdisciplinary team members to perform basic assessments, including medical history review and physical examination, to rule out acute illness for residents currently using restraint devices, being considered for a device, having an incident or event requiring assessment for restraint, or newly admitted.
- Involve the resident and family/caregivers if available and acceptable to resident.
- Obtain information from resident, family, or caregivers regarding the resident's previous life experiences, interests, social patterns to provide an individualized approach to restraint-free care.
- Analyze the context or circumstances surrounding the precipitating events to determine the meaning of the behavior.
- Assess and treat underlying medical conditions precipitating the use of restraints:
 - **Gait:** stability, clothing size, strength, range of motion, balance, hearing/vision, shoes, assistive devices, fractures/precautions, and fall risk assessment.
 - **Cognition:** depression, hallucinations, delirium, aggressive behavior, psychoactive medications, dementia, confusion, wandering, orientation, and response to verbal cues.
 - **Communication:** difficulty making needs/wishes understood or understanding others.
 - **Environment:** call light location, roommate situation, adequate lighting, access to bathroom, water at bedside table, noise levels, clutter, bedrails, furniture, and access to TV/remote control.
 - **Medications:** dosage, multiple medications, side effects, medications increasing potential for falls, frequent toileting for residents on diuretics, pain medications, or sedatives causing fatigue/drowsiness.
 - **Cardiovascular:** elastic stockings, oxygen saturation, blood pressure, heart rate, and energy conservation.
 - **Infections:** urinary tract infections, fever, or upper respiratory infections.
 - **Hyperglycemia/Hypoglycemia:** blood sugar levels.
 - **Dehydration/Constipation:** bowel sounds, impaction, change in mental status, and skin turgor.
 - **Sleep:** patterns, routines, caffeine intake, noise level, napping, medications, and exercise levels.
 - **Pain:** location, intensity, medications, onset, duration, and ability to express.
 - **Wandering:** cognition, medication, physical surroundings.

System to review	Key interventions to reduce restraint use
	<ul style="list-style-type: none">• If a restraint must be used, document all other interventions that have been attempted, resident's response, and why the intervention succeeded or failed.• Reassess residents with restraints as needed (at least monthly) until resident is achieving the highest level of functioning in the least restrictive environment.• Document clinical findings, including: medical necessity, tests, response to activity, safety awareness, education, family/caregiver involvement, care plan, interventions, frequency/duration, and referrals.
Care Planning	<ul style="list-style-type: none">• If a restraint is used as a last resort, include on the care plan the reason, type, location, circumstances, and period of time the device is implemented.• Involve the resident and family in development of the care plan at the discretion of the resident.• Develop individualized interventions and goals to provide the highest functional status and least restrictive environment.• Include approaches for restraint elimination, prevention of complications (e.g., contractures, skin breakdown, and incontinence).• Document the person(s) responsible for implementing and achieving the goal on the care plan; include time frame, situations, or conditions regarding application or removal of the restraint.• Ensure the relevant disciplines involved in facilitation of the care plan have documented the interventions that have been attempted and the results.• Update and revise the care plan as required.
Elimination	<ul style="list-style-type: none">• Implement a system for tracking and identifying residents for assessment or reassessment by the interdisciplinary restraint team.• Identify type of restraint used, time of the day used, where the resident is restrained, for how long, under what circumstance, and who implemented it.• Determine reason and precipitating factors for restraint application. Potential reasons: risk of falls, behavioral symptoms, inability to treat a medical condition.• Assess and treat underlying conditions (see Assessment section).• Evaluate effectiveness of interventions and resident's response.• Reassess for elimination or least restrictive alternative devices.• Provide continual reassessment and revisions to care plan until the restraint is safely eliminated.
Training and Education	<ul style="list-style-type: none">• Develop philosophy and provide educational programs on how to achieve a restraint-free environment.• Develop orientation and ongoing in-service programs for staff, families, and residents that address types of restraints, goals of restraint elimination, adverse effects, and regulations regarding use.• Educate employees on referring a resident to the restraint team if restraints are being considered.• If a restraint must be used for a limited time period, include education regarding restraint application, when it should be released, obtaining appropriate physician's orders, and documenting resident and/or legal guardian consent.• Provide documentation that reflects staff training and understanding of roles and responsibilities of restraint elimination programs.• Educate the resident and family regarding predicted course of illness, current conditions, and interventions.