



Patient Restraints: Facilitating Healing in the Safest, Least Restrictive Manner



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CRAIG HOSPITAL

Redefining possible for people with spinal cord and brain injuries

OUR PATIENT POPULATION

- Acute care of traumatically brain injured patients, ages 16 – 80
- Patients are often agitated, confused, confabulatory, anxious, un-insightful, with memory impairments
- Continued acute care medical needs provide additional challenges

RESTRAINT USE

- Provide a safe environment for patients, staff, and family members
- Foster independence
- The patient is allowed to be as functional as possible while protecting medical devices (ex. IV lines, tracheotomies, PEG tubes, Foley catheters, etc.)
- Least restrictive restraints are utilized
- Restraints minimize fall risks to the patient
- Chemical restraints are avoided if at all possible to maximize patient's participation in rehabilitation

RESTRAINT TYPES

Mitts



Posey Belt



Lock Belt



Posey Bed



Safekeeper



DOCUMENTATION

- Nursing can initiate restraints with MD cosigning
- Orders need to be assessed and renewed every 24 hours by night RN and cosigned by MD
- Patient's skin must be assessed hourly when using a restraint that puts pressure on the skin (i.e. mitts, belts)
- A Restraint Flow Sheet is used to document hourly: the patient's behavior, the skin assessment, and whether the beds are properly secured

DISCONTINUING RESTRAINTS

- The interdisciplinary team reviews the need for restraints each week in patient rounds
- The interdisciplinary team plans for progression to less restrictive restraints
- The MD must write a order to discontinue a restraint

CONCLUSION

- Restraints allow the patients an opportunity to "prove themselves", be autonomous and avoid feeling like they have no control
- Restraints protect the patients from injury due to falls or dislodged tubes

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