

N.C. Nurse Aide I Curriculum

MODULE K

Restraint Elimination, Reduction, Appropriate Use

Objectives

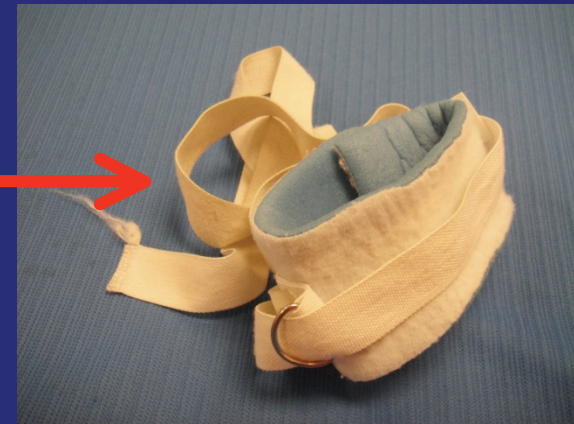
- Identify safety interventions that the nurse aide can do to create an environment for restraint elimination or reduction.
- List the negative effects of restraint use on a resident.
- Describe the variety of restraints available to the health care provider, for use, per physician order.

Restraint Elimination or Reduction

How does restraint-free care differ
from a restraint alternative?

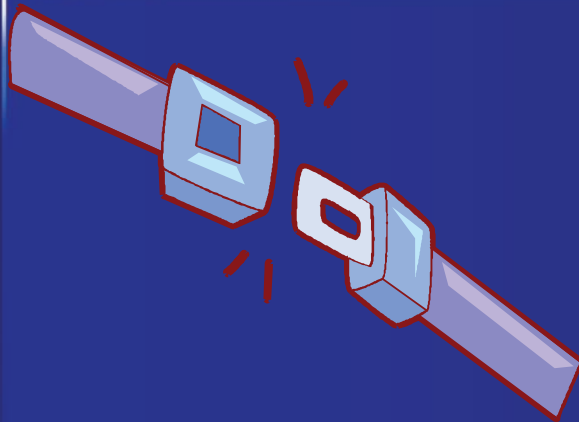


NO!!!!!!



Restraint:

A method to restrict voluntary movement or behavior



Physical Restraint – any physical or mechanical device, material, or equipment which restricts freedom or movement or normal access to one's body

Chemical Restraint – any drug used to control actions of a resident for **CONVENIENCE** of the staff



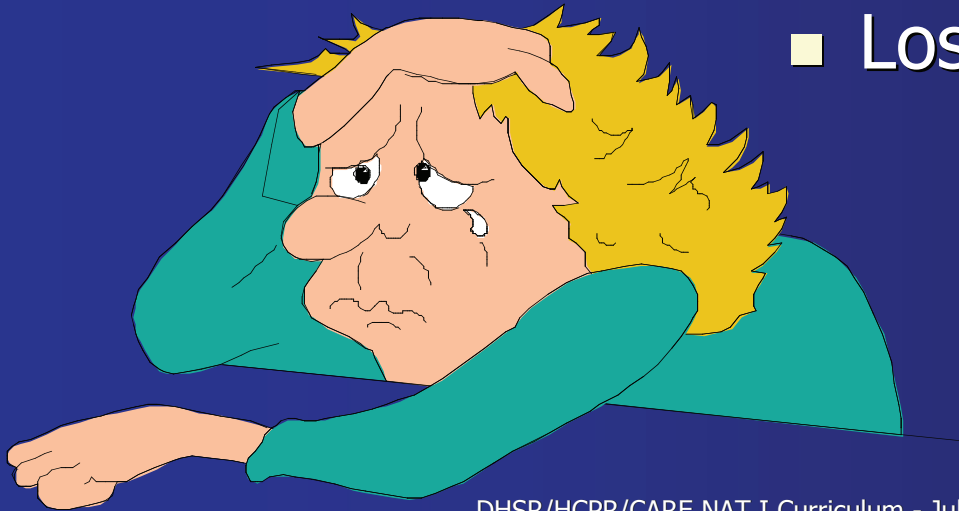
Negative Effects of Restraints

Negative effects of restraint use explain importance of creating an environment for restraint elimination and/or reduction:

- Discomfort
- Pressure ulcers
- Pneumonia
- ↓ blood circulation

Negative Effects of Restraints

- Risk of suffocation
- Incontinence
- ↑ weakness and muscle atrophy
- Poor appetite and malnutrition
- Depression
- Sleep disorders
- Loss of dignity



Negative Effects of Restraints



- Loss of independence
- Stress and anxiety
- Change in mood and ↑ agitation
- Loss of self-esteem
- Loss of will to live
- Severe injury
- Death

Freedom of Restraints.....

The resident has the right to be free from any restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms

- CMS F221; F222

Restraint Elimination or Reduction

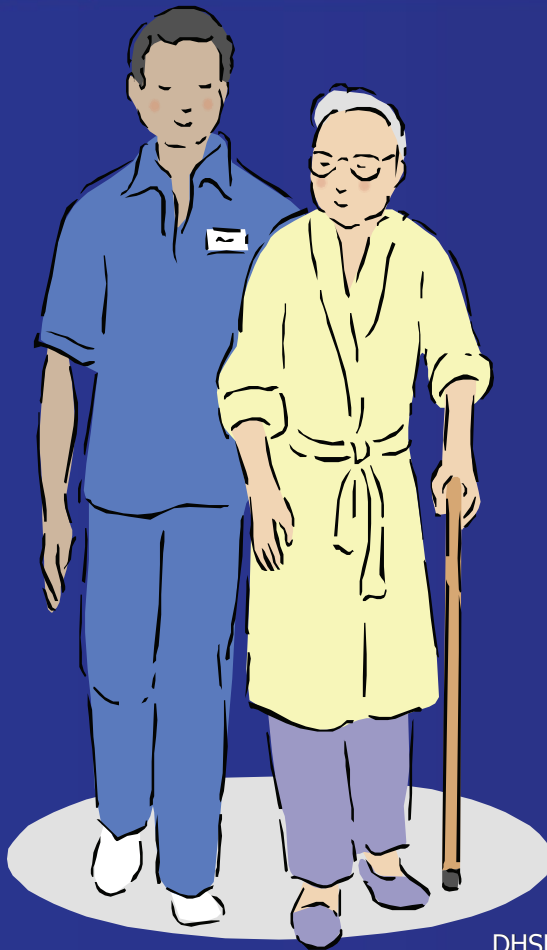
Nurse Aide's Role

- Follow nursing care plan and nurse's directive
- Signaling device
- Place resident near nursing station
- Assist with positioning and comfort



Restraint Elimination or Reduction

Nurse Aide's Role



- Walk with resident
- Let confused residents wander safely
- Assist with toileting frequently
- Encourage independence with tasks
- Encourage participation in activities

Restraint Elimination or Reduction

Nurse Aide's Role



- Offer reading materials or read to them
 - Offer backrubs
- Promote restful sleep

Restraint Elimination or Reduction

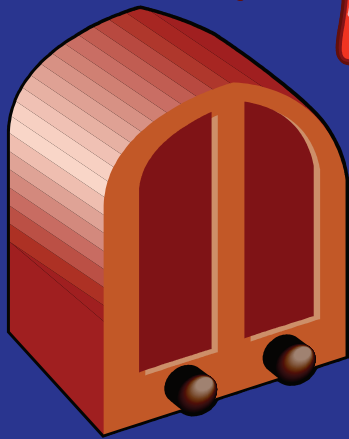
Nurse Aide's Role



- Use devices for position, support and protection
- Offer snacks/drinks
- Redirect interest
- Reminisce
- Involve family

Restraint Elimination or Reduction Nurse Aide's Role

- Use soothing music
- Report complaints of pain
- Bed or body alarms
- Cushions next to bed



Appropriate Use of Physical Restraints

Definition



Any physical or mechanical device, material, or equipment which restricts freedom or movement or normal access to one's body

Soft Limb Ties/Wrist Restraint



Vest Support or Crossover Jacket



Seat Belt



Mittens



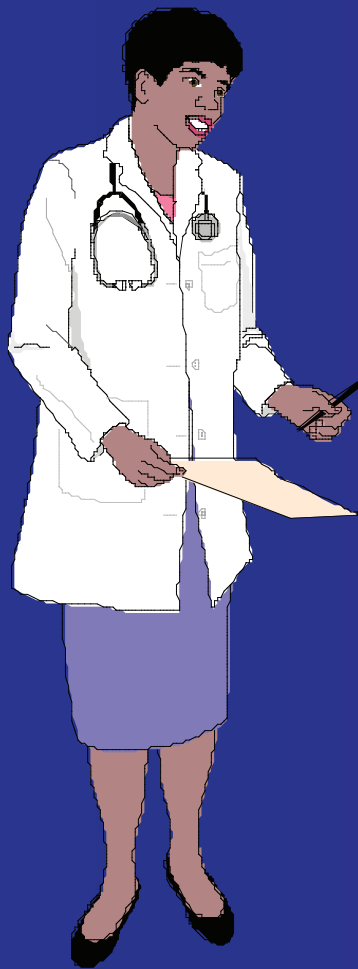
Physical Restraints – Importance

- Used to protect resident during treatment
- Used to keep resident from injuring self or others



**NOT USED FOR
CONVENIENCE
OF THE STAFF**

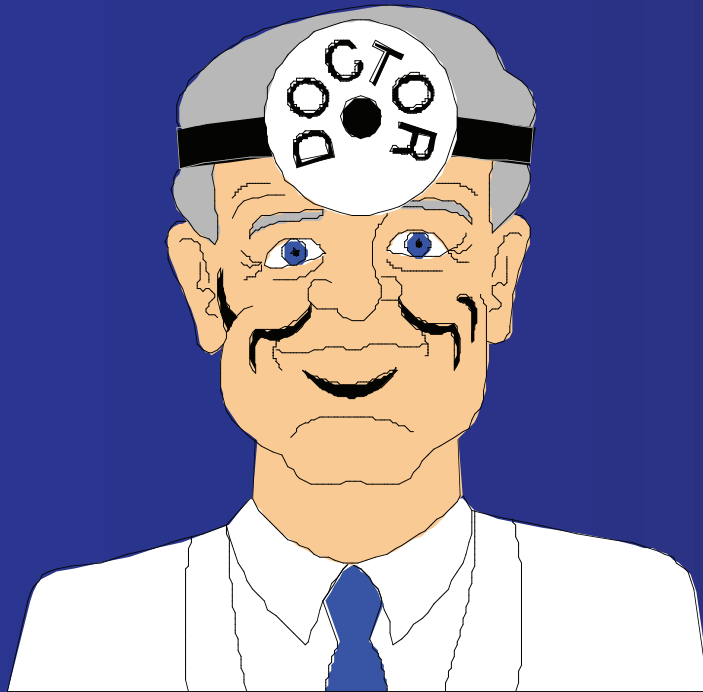
Physical Restraints: When Can Nurse Aide Use?



- Doctor's order is needed
- As directed by nurse



Physical Restraints – Criteria for Appropriate Use



- Temporary
- Evidence of less restrictive measures were ineffective
- Consent by resident or legal representative
- Medically justified with a medical order

Physical Restraints – Nurse Aide's Role

- Approach resident calmly
- Explain to resident who and what
- Never restrain resident in chair without wheels
- When restraining resident in chair.....



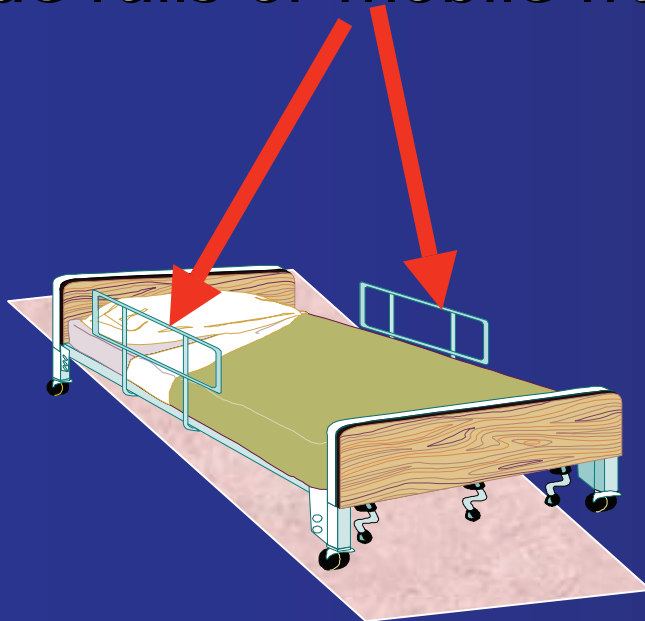
Physical Restraints – Nurse Aide's Role

- Pad bony prominences
- Provide for needs
- Observe resident comfort and alignment
- Place call signal within reach
- Apply correctly, following instructions



Physical Restraints – Nurse Aide's Role

NEVER tie restraints to
side rails or mobile frame



Physical Restraints – Nurse Aide's Role

Resident who requires restraints must be observed at least **once every 15 minutes** or more often as required by the nursing care plan

Restraints must be removed, resident repositioned and basic needs met for **15 minutes** at least **every 2 hours**

***VERY IMPORTANT ROLE
OF THE NURSE AIDE***

Physical Restraints – Nurse Aide's Role

Check for restricted circulation:

- "My _____ is numb (or tingling)"
- Change in skin color (pale, purple, or blue)
- Change in skin temperature (cold)
- Swelling of the restrained body part
- "My _____ is hurting."

Physical Restraints – Nurse Aide's Role



Flat hand should be able to slide between the
person's body and the restraint

Physical Restraints – Nurse Aide's Role



One or two fingers should be able to slide
under a wrist and mitt restraint

Physical Restraints – Nurse Aide's Role

Always leave 1
to 2 inches of
slack in the
straps to allow
movement of the
body part



Physical Restraints – Points to Remember

- Address meaning behind the behavior
- No one likes to be confined or restrained
- Should be used as a last resort

Physical Restraints – Points to Remember

- Use of a restraint takes away resident's right to freedom and violates right to be treated with respect and dignity
- Residents have the right not to have body movements restricted
- Use of unnecessary restraints is considered false imprisonment

Studies have shown that restraints are not truly needed!

Physical Restraints – Points to Remember

Physical restraints **do not** have to be made of belts or buckles.....

- Raised side rails
- Sheet, fabric, or clothing tucked in
- Trays, table, bars or belts over a chair
- Chair or bed positioned close to wall



.....are considered to be physical restraints!

Physical Restraints – Final Thoughts

- Least restrictive restraint should be used
- Look for the meaning behind the behavior
- Understand proper placement, importance of checking on resident every 15 minutes, restraint removal/release/exercise at least every 2 hours
- Physical restraints do not have to be made of belts or buckles
- AND **ALWAYS** REMEMBER:

The resident has the right to be free from any restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. - CMS F221 & F222

The End