

## Tying Down the Elderly VS Restraint-Free Care

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It is one o'clock in the morning, you are admitting your 10<sup>th</sup> admission, another patient is crashing and the nursing staff is calling you to request an evaluation on a little old lady who is now wandering around the floor. You wish you could order the nursing staff to tie the patient to her bed and move on with other problems. Well, you'd better think twice before you do it. Restraints are not good solutions. In fact, **“A physical restraint, which is meant to protect, has no known therapeutic value and can actually be hazardous for the patient.”**

### *Definition of Restraints:*

Restraints are defined as any device that inhibits purposeful, self-initiated movement. It is to be used only when less restrictive interventions have been determined to be ineffective.

### *Disadvantages of restraints:*

**There are 100 deaths from strangulation due to restraints reported to the FDA annually. Restraints do not prevent patients from falling because they decrease balance and mobility.** There also have been a number of studies proving that restraints are associated with an **increased rate of mortality and serious fall-related injuries** such as a higher incidence of fracture, strangulation and asphyxia. Restraints limit patient independence and decrease ADL performance, which leads to poor physical and psychological functioning i.e., deconditioning, muscle wasting, increased aspiration, urinary incontinence, pressure ulcers, depression, agitation, fear, withdrawal and demoralization.

### *Criteria for restraining patients:*

1. Patient does not respond to alternative interventions
2. Exhibits confusion and/or disorientation of severity so as to compromise safety
3. Danger to self/others

You can order restraints in 2 main situations according to the BMC procedure protocol:

- 1 To promote acute medical and surgical care
- 2 To provide behavioral management e.g., acute psychiatric disorder

**Routine or PRN use of restraints is prohibited.**

### *Types of restraints*

Restraints come in different flavors at BMC i.e, soft limb restraint, hand mitts restraint, vest Restraint, 4-side rails restraint, vail bed with side rails and elbow immobilizer

### *What usually happen when you order a restraint for the patient?*

Our RN or PCA colleague has to perform a safety check on the patient every 15 minutes. Safety checks require that a staff member enters the patient's room and observes the patient and environment to ascertain that the patient is free from immediate risk of harm. Observation includes skin check, body alignment, safe environment/equipment location

and general location of the patient. The RN also has to provide written documentation every 2 hours. This is not an easy job considering the number of patients and routine paper work for each shift. Please be considerate to your colleagues.

*Restraint Free Care*

**“The philosophy of restraint free care assumes that each person be cared for as a separate and unique individual; that people’s rights be respected; that care be directed toward the maintenance of dignity, autonomy, self-esteem and physical well-being; and that all persons be assured the highest quality of life.”**

There are several methods that can help to avoid restraint orders. Try these methods before you order restraints.

- Camouflage tubes and IVs and discontinue when possible
- Convert IV to Heplock and place IV pole out of patient’s view
- Provide distractive activities and frequent ambulation
- Have family/staff observe
- Continue with normal sleep pattern
- Avoid unnecessary medications, especially in the elderly
- Keep environment safe and clear of clutter
- Reduce stimulation. Use a calm and non-threatening approach with the patient
- Maintain enough lights, keep patient in a visible location and meet basic physical needs of the patient e.g., toileting, hydration or nutrition.

References:

1. Evans LK, Strump NE. Tying down the elderly: a Review of the literature on physical restraints. J Am Geriatr Soc 1989; 36:65-74
2. Tinetti ME, Liu WL, Ginter SF. Mechanical restraint use and fall-related injuries among residents of skilled nursing facilities. Ann Intern Med 1992; 116:369-374
3. Evans LK, Strump NE. A clinical trial to reduce restraints in nursing homes. J Am Geriatr Soc 1997; 45:675-681