

Avoiding Physical Restraints

What All Nursing Home Residents and Families Need To Know

Residents, family members, or legal decision-makers often request restraints because they think that the restraints will protect against falls or injuries from a fall. In fact, the opposite is true. Research has found that residents who are restrained are more likely to be seriously injured trying to get out of a restraint than they are from a fall. In addition, there are many other negative effects that may result from using a restraint. These include:

- Loss of autonomy, dignity, and self-respect;
- Feelings of isolation and dehumanization;
- Feelings of entrapment;
- Withdrawal, agitation, and depression;
- Loss of appetite/malnutrition;
- Bowel and bladder incontinence;
- Urinary tract infections;
- Loss of bone mass and muscle strength;
- Skin problems, such as pressure sores;
- Increased dependence;
- Loss of mobility;
- Muscle contractures;
- Increased risk of fractures; and
- Death by asphyxiation or strangulation.

What is a Physical Restraint?

A physical restraint is any article, device, garment, or method that (1) interferes with the free movement of a resident of normal access to one's body parts and that (2) the resident cannot easily remove. Many devices are specifically designed to be a restraint (such as a vest restraint); however, there are many other devices that also may restrict freedom of movement and which may be difficult to remove. These include a reclining chair, a side rail, a tabletop, a lap buddy, a soft cushion, or a tightly tucked blanket.

Sometimes a device is a restraint for one resident but is not a restraint for another because a resident can easily remove it or because it does not restrict a resident's freedom of movement. One example is a side rail on the bed.

A side rail is not a restraint for residents who use the rail to help them sit up in bed and who can exit the bed by going around the rail or by going out the other side of the bed. On the other hand, the side rail is a restraint if it confines a resident to the bed. Although some people think a side rail will keep a resident safe and in bed, the opposite is often true. Residents have been severely injured or died because they became caught in the rails or between the rails and the mattress. Others have been injured after climbing and falling over the rail. This may be particularly true for persons whose conditions cause them to be confused or disoriented.

The Importance of Assessment

Physical restraints may be hazardous to the person who is restrained. For this reason, federal and state regulations allow restraints only under limited conditions. They cannot be used to discipline a resident or for staff convenience. They may be used only if they are required to treat a resident's medical symptom and help the resident achieve or maintain the highest practicable level of functioning and well-being. Except in emergency situations where a resident's health, safety, or welfare is in jeopardy, restraints should be used only after less restrictive alternatives have been tried and have failed. To determine if a restraint is needed, a nursing home must comprehensively assess the resident. They do this by:

- Gathering as much information as they can about the resident's condition, especially as it relates to the issue for which a restraint is being considered;
- Identifying all the alternative methods that could be used to treat the resident and keep the resident safe;
- Evaluating the results of past approaches and evaluating the pros and cons of using each proposed option; and
- Choosing the method they think will best meet the resident's needs and will help the resident attain or maintain his or her highest level of functioning and well-being. If the nursing home determines that a physical restraint is needed, they must identify the least restrictive restraint and the least amount of time for using the restraint.

Before a restraint can be used, the resident or the legal decision maker must agree to the use of the restraint and the physician must order the restraint. If the resident or legal decision-maker agrees to the use of the restraint, the nursing home must ensure the resident's safety when the restraint is being used and must plan for ongoing evaluation to further reduce restraint use.

Decision Making

Residents have the right to make informed choices about all aspects of their care, including the use of a physical restraint. A competent resident may request a restraint or refuse a restraint. If a resident is not competent to make decisions, the right to refuse a restraint is passed to the resident's legal decision maker. In Wisconsin, a legal decision maker is either the resident's guardian or the health care agent designated by the resident when she or he completed a power of attorney for health care form. The legal decision maker may refuse a restraint but, under federal law, does not have the right to direct the use of a restraint if it is not medically necessary. As a result, a facility cannot use a restraint solely because a guardian or an activated power of attorney for health care agent insists that a restraint be used.

If a nursing home thinks that a restraint is required, staff should explain how the restraint would help the resident's functioning and well-being. They should also explain the alternatives that might be used and should discuss the pros and cons of each. There should be full disclosure so that the resident or decision maker can make an informed judgment about whether or not to use a physical restraint.

A competent resident may request that a restraint be used; however, the nursing home is obligated to inform the resident of the risks and benefits from using a restraint and of the alternatives that could be used. A nursing home may ask the resident or legal decision maker to sign a consent form before using a restraint, indicating that the resident or decision maker is aware of the risks and alternatives.

Alternatives to Restraints

After comprehensively assessing a resident, a nursing home may use many creative approaches to provide safe, dignified care that meets the needs of the resident. Such techniques include the following:

- Training staff to anticipate resident's needs, such as toileting, assisting with ambulation, offering food and fluids, or offering medications for pain;
- Modifying the environment by reducing glare, creating non-slip surfaces, and rearranging furniture to promote mobility and to remove hazards;
- Maintaining a resident's customary routines;
- Lowering a resident's bed;
- Placing a mattress on the floor next to the bed;
- Arranging and using pillows on the bed instead of a side rail;
- Developing a mobility program to increase muscle strength and balance; and
- Developing an activities program for those time periods when wandering or agitation increase.

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