

N.C. Nurse Aide I Curriculum

MODULE K Restraint Elimination, Reduction, Appropriate Use

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1

Objectives

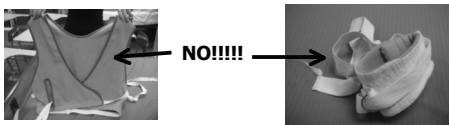
- Identify safety interventions that the nurse aide can do to create an environment for restraint elimination or reduction.
- List the negative effects of restraint use on a resident.
- Describe the variety of restraints available to the health care provider, for use, per physician order.

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2

Restraint Elimination or Reduction

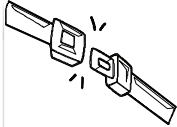
How does restraint-free care differ
from a restraint alternative?



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3

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

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7

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

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8

Restraint Elimination or Reduction Nurse Aide's Role

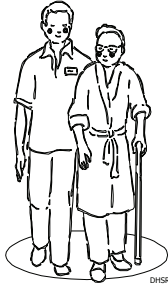
- Follow nursing care plan and nurse's directive
- Signaling device
- Place resident near nursing station
- Assist with positioning and comfort



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9

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

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10

Restraint Elimination or Reduction Nurse Aide's Role



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

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11

Restraint Elimination or Reduction Nurse Aide's Role




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

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12

Restraint Elimination or Reduction Nurse Aide's Role


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



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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

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Soft Limb Ties/Wrist Restraint



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Vest Support or Crossover Jacket



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16

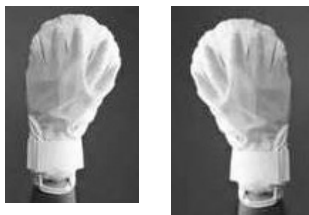
Seat Belt



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17

Mittens



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18

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.....



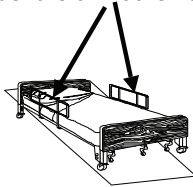
Physical Restraints – Nurse Aide’s Role

- 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***

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25

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.”

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26

Physical Restraints – Nurse Aide’s Role



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

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27

Physical Restraints – Nurse Aide’s Role



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

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28

Physical Restraints – Nurse Aide’s Role

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



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29

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

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30

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!

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31

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!

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32

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

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33

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