

Restraint Alternatives

Restraint Definition:

Any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that he/she cannot remove easily which restricts freedom of movement or normal access to one's body. (RAI Manual page P-1)

Instructions:

1. Complete a full resident assessment before selecting interventions. Restraint reduction or elimination requires a thorough assessment preferably by your interdisciplinary team.
2. Following assessment, refer to the chart below for suggested interventions to avoid restraint utilization.
3. After you have implemented an intervention, carefully and frequently monitor the resident to evaluate the effectiveness of these interventions and revise your care plan accordingly.

General Principles:

1. Restraint use generally leads to further decline in residents.
2. Secure staff buy-in by teaching that all staff are responsible for restraint reduction.
3. Individual assessment is absolutely key to a successful restraint reduction program.
4. Play to the resident's strengths.
5. Apply the 5 Magic Tools (Knowing what the resident likes to See, Smell, Touch, Taste and Hear.).
6. Be calm and self-assured.
7. Involve the family by recommending a task or activity they can do/participate in.
8. Use pets, children and volunteers.
9. Base distraction and activity upon the resident's work/career/interests.
10. Provide a sense of security for the resident.
11. Know the resident's agenda.
12. Encourage independence in the resident.
13. Offer choices to the resident.

Behavior/Medical Condition	Resident/Staff/Family Interventions	Environmental & Equipment Interventions
Sliding or Leaning Out of the Bed or Chair	<ul style="list-style-type: none"> ✓ Evaluate medications related to lethargy or sluggishness. ✓ Assess for pain/discomfort and intervene as appropriate. ✓ Assess toileting pattern and establish toileting schedule if needed. ✓ Evaluate need for a Restorative Program. ✓ Refer to PT/OT for screening. ✓ Assess sleep pattern, adjust routine if needed. 	<ul style="list-style-type: none"> ✓ Assess chair for proper fit and size. ✓ Assess need for assistive devices such as wedge cushion, solid seat for w/c,ommel cushion, side or trunk bolsters. ✓ Consider alternative seating such as Adirondack chair, high back chair, reclining w/c, non-wheeled chair, Wing back chair. ✓ Relocate room closer to nurses' station if possible.

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Behavior/Medical Condition	Resident/Staff/Family Interventions	Environmental & Equipment Interventions
Sliding or Leaning Out of the Bed or Chair (continued)	<ul style="list-style-type: none"> ✓ Provide adequate hydration. ✓ Ensure eyeglasses are on if needed. ✓ Encourage participation in activities periodically throughout the day. ✓ Place the resident at the nurses' station when not in activities to visually monitor. ✓ Place resident in bed when tired. ✓ Anticipate customary routines or schedules and allow for preferences (late sleepers, etc.). ✓ Establish a routine that fits with the resident preferences and maintain that schedule. ✓ Use relaxation techniques, such as tapes, videos, soothing music, lava lamps, white noise machines, fish tank, etc.). 	<ul style="list-style-type: none"> ✓ Create homelike environment with personal items and familiar objects. ✓ Use adjustable height beds (at lowest level) and mat on the floor by bed. ✓ Maintain equipment in good repair. ✓ Use overbed table for diversional activities and/or placing water pitcher and call bell within reach. ✓ Avoid full length siderails. Consider bed handle or bar, transfer pole, or half-or quarter-length siderails. ✓ Provide adequate lighting.
Unsafe Mobility Unsteady Gait	<ul style="list-style-type: none"> ✓ Evaluate medications related to gait disturbances/unsteadiness/weakness. ✓ Evaluate for orthostatic hypertension and teach to change positions slowly. ✓ Evaluate vision and proper correction of eyeglasses. ✓ Be sure glasses are on when ambulating. ✓ Evaluate other physical systems for acute changes/problems (vestibular, painful joints, etc). ✓ Evaluate for a Restorative Program. ✓ Refer to PT/OT for screening. ✓ Provide adequate nutrition and hydration. ✓ Encourage participation in generalized activity programs, accompanied walks in or out of doors, exercise peddles while sitting. ✓ Provide 1:1 visitation/companionship. ✓ Encourage/assist repositioning frequently. ✓ Consider need for a toileting schedule. 	<ul style="list-style-type: none"> ✓ Assess for proper fitting and appropriate footwear (non-skid soles/socks). ✓ Assess ambulation devices for good working condition, appropriate fit and size. ✓ Provide adequate lighting, especially at night. ✓ Place call bell and water within reach. ✓ Consider motion sensors in room/floor. ✓ Evaluate need for bedside commode at night. ✓ Consider using hip protectors, knee pads, elbow pads, wrist splints and/or soft foam helmets to prevent injury. ✓ Provide a clutter-free environment. ✓ Consider using Merry Walker until strength increases. ✓ Lock or remove wheels from any furniture used for support when moving about. ✓ Provide rest areas in hallways and larger rooms. ✓ Place safety/grab bars in bathroom and hallways.

Restraint Alternatives

Behavior/Medical Condition	Resident/Staff/Family Interventions	Environmental & Equipment Interventions
Falling or Climbing Out of Bed	<ul style="list-style-type: none"> ✓ Evaluate medications for gait or balance side effects. ✓ Evaluate for orthostatic hypotension and teach to change positions slowly. ✓ Evaluate for a Restorative Program. ✓ Refer to PT/OT for screening. ✓ Establish a toileting schedule. ✓ Provide h.s. snack and adequate hydration. ✓ Evaluate for evidence of pain/discomfort and intervene appropriately. ✓ Anticipate customary schedules and accommodate personal preferences. ✓ Evaluate sleep/wake pattern. ✓ Place personal items within reach. ✓ Place call bell and water pitcher within reach. ✓ Evaluate physical systems for disturbances such as inner ear infection and blood sugar levels. ✓ Validate resident's feelings and mobilize the resident. ✓ Provide 1:1 visitation/companionship. ✓ Encourage participation in activities during the day. ✓ Use relaxation techniques such a soothing music, lava lamp, white noise machines, etc. 	<ul style="list-style-type: none"> ✓ Avoid full length siderails. ✓ Use adjustable height beds. Place in low position with mat on floor at bedside. ✓ Provide adequate lighting, consider a nightlight. ✓ Consider using a scoop mattress. ✓ Remove excessive furniture. Provide clutter-free environment. ✓ Consider using a trapeze, bed handle, transfer pole, or half- or quarter-length siderails. ✓ Consider motion sensor in room/floor. ✓ Lock wheels on furniture and equipment. ✓ Maintain equipment in good repair.
Verbally or Physically Abusive	<ul style="list-style-type: none"> ✓ Evaluate medication for any potential side effect problems. ✓ Evaluate for acute medical conditions such as UTI, URI, ear infections or other infections. ✓ Evaluate for pain/discomfort and intervene appropriately. ✓ Assess toileting pattern and establish schedule if needed. ✓ Assess for hunger or thirst and provide for needs. 	<ul style="list-style-type: none"> ✓ Provide a homelike environment with familiar objects and personal items. ✓ Provide tapes of family/friends/relatives. ✓ Move to a quiet area. Decrease external stimuli. ✓ Provide relaxation techniques such as tapes, music, lava lamp, fish tanks, and theme/memory boxes. ✓ Provide large number clocks and calendars to orient to time and date.

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Behavior/Medical Condition	Resident/Staff/Family Interventions	Environmental & Equipment Interventions
Verbally or Physically Abusive (continued)	<ul style="list-style-type: none"> ✓ Use a behavior tracking form to identify triggering events, trends or patterns in behaviors, ✓ Consult with family regarding past coping mechanisms that proved effective during times of increased stress. ✓ Refer to Social Services and/or Psychologist/Psychiatrist. ✓ Approach in calm/quiet manner, avoiding confrontation and without raising voice level. ✓ Assess sleep/wake patterns and maintain a regular schedule. ✓ Avoid sensory overload by reducing external stimuli. ✓ Provide companionship using active listening, validation of feelings and redirection. ✓ Provide a physical outlet for stress such as a punching bag. ✓ Be sure eyeglasses and/or hearing aids are in place. ✓ Provide rest periods or naps as needed. ✓ Provide activity release such as ambulation, rhythmic movement, etc. ✓ Avoid abrupt changes or rushing the resident. 	<ul style="list-style-type: none"> ✓ Offer interaction/time with pets. ✓ Provide visual cues to aid in wayfinding, room identifiers, large print signs, etc.
Pacing, Wandering or At Risk for Elopement	<ul style="list-style-type: none"> ✓ Consider how medications, Dx, ADL schedule, weather, and other residents effect or relate to wandering. ✓ Provide companionship, Theme/Memory /Reminiscence Boxes, and/or photo album of memorable events. ✓ Evaluate for a Restorative Program. ✓ Provide diversional activities that correspond with past lifestyles/preferences. ✓ Provide opportunities for exercise or activities while waiting, e.g. at mealtimes. 	<ul style="list-style-type: none"> ✓ Remove objects that remind the resident of going home (hats, coats, etc.). ✓ Provide a homelike environment with familiar objects and personal items. ✓ Provide a safe courtyard for ambulating. ✓ Provide door guards, barrier stripes, or warning bells. ✓ Decrease noise level/external stimuli. ✓ Provide room identifiers, stop and go signs or other visual cues.