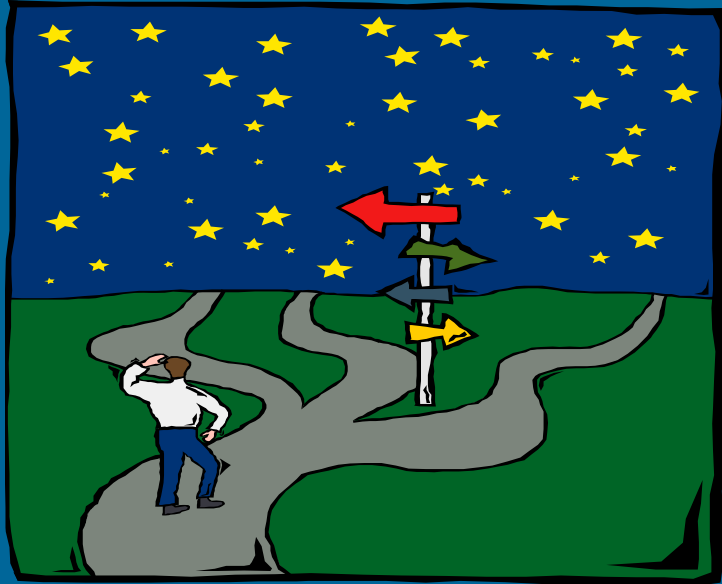


## Challenges in Acute Care



## Definition

- Restraints, whether physical, environmental or chemical are a controversial measure used to restrict the movement or control the behavior of a client.
- *CNO Practice Standard-Restraints, 2001*

## CNO

- Purpose “help nurses understand their responsibilities and decisions regarding the use of restraints”
- Definition of least restraint
- Dilemma for Health Care personnel
- Documentation

## RNAO

- BPG to Fall Reduction
- Recommend that organizations:
- “establish a corporate policy for least restraint the includes components of physical and chemical restraints and alternatives”
  - “opportunities for discussion and education to reinforce the importance of BPG”

## What the Research Says:

Restraint use leads to increased:

- emotional distress
- falls
- confusion
- agitation
- loss of bone mass



## Starting and Stopping

- Nurses have the autonomy to apply restraints
- Review every 24hrs?
- Advocating for the patient
- Look at the alternatives
- Involvement of SDM
- Consent vs. family requests
- Allowing patient's to take risks
- Courage to remove restraints
- Safety of staff prevents removal
- Team support

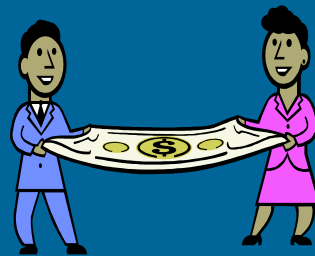


## Dilemmas of Not Restraining

- I don't have time to replace that NG tube
- What will the physician say when I tell him the patient pulled out his PEG?
- What if the patient falls?
- The dreaded incident report
- How can I face the family now that the patient has fallen?
- Will they sue?
- Alternatives-what alternatives?

## Financial Implications

- Who pays for observers when there is no funding?
- Staffing levels
- Family responsibility
- Seclusion-funding for bracelet program
- Acute care-sicker patients



# Legal

- Legislation  
vs.  
Organizational Policies  
vs.  
Reality



# Restraint-Free Environments

- Increasingly common
- Requires organizational commitment
- Educational program
- Change agents
- Quality practice settings

