Patient Safety and Physical Restraints:

What You Need to Know



PATIENT SAFETY IS OUR PRIORITY!

HELP US KEEP YOUR RELATIVE SAFE DURING THEIR HOSPITAL STAY.

This is a booklet to help you understand physical restraints. It is not intended to replace the advice of a trained health care professional. Speak to your relative's treatment team if you have any questions or concerns.

What is a physical restraint?

• A physical restraint is something that limits or stops a person from moving. For example: mittens, soft wrist restraint or abdominal belt.

When is a physical restraint used?

- A physical restraint is used when a patient's safety is at risk. For instance: a patient
 at risk of falling; hurting them self or others; pulling out tubes; or acting in an
 aggressive or violent way.
- A physical restraint is always a last resort, when alternative measures (for example, a bed alarm, a specific chair with an angled seat or a sleeve to hide an intra-venous in an arm) and other treatments put in place by the health care team have not worked.

What happens when a physical restraint is needed?

- The health care team will explain why your relative needs a physical restraint and will ask you for verbal consent. This means that you understand why a physical restraint is needed and that you approve.
 - A family member can refuse physical restraint use if there is no immediate danger to the patient or other people around them.
- A strong health assessment of your relative will be done by the health care team so they can identify possible factors that may trigger behaviors that put your relative at risk.
- While a patient has a physical restraint, he is watched very closely by the health care team. The restraint is removed as soon as possible.

What type of physical restraint does my relative need?

- There are many types of physical restraints.
- The type of physical restraint your relative needs depends on their safety risk such

as, risk of pulling out tubes, risk of falling or risk for self harm.

• The health care team uses the least restraining option if a restraint is needed.

If the health care team is planning to use a physical restraint on your relative, please ask them to check off in the table below which one they might be using.

Name of physical restraint	Physical restraint used for (examples)	lmage	Physical restraint being used on my relative
Mittens	Patients that scratch themselves or pull out tubes		
Lap restraint/ belt in the chair	Patients at risk of falling or sliding in the chair	MAL	
Bed Rail	Patients at risk of falling during transport or after being administered certain medications	MMA	
Chair with locked table	Patients at risk of falling or wandering	MAG:	
Abdominal belt	Patients at risk of falling or at risk of self harm	Magnetic Abdenius Bell in Bed (Cute Bide Stope ATE electros) Mandatory sade by the bed finance of the bed f	

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Name of physical restraint	Physical restraint used for (examples)	lmage	Physical restraint being used on my relative
Wrist restraint	Patients at risk of pulling out tubes.	MM+	
Elbow immobilizer	Patients at risk of pulling out tubes.	MM*	

What are the possible risks and benefits when using a physical restraint?

- Possible benefits:
 - Can decrease the risk of falling or hurting themselves or others.
 - Can prevent the patient from hurting them self if they attempt to remove medical treatment such as a catheter.
- Possible risks:
- Can increase agitation and confusion
- Can cause skin injuries or restrict circulation.
- Strangling or suffocating.

In certain situations, the presence of the family or friends can reduce the need for a restraint for a limited or extended period of time. Discuss with the health care team, the best option for your relative.

How can I help prevent the need for a physical restraint?

Tips if your relative is at risk of falling:

- Ensure they wear their glasses or hearing aid while in the hospital.
- Tell the team about all the medication they are taking. This includes prescriptions, over-the-counter, and herbal medicine.
- Share their daily routine with the team.

- Pack non-skid slippers for their hospital stay.
- Keep the call bell and phone within their reach.
- Accompany them to the bathroom on a regular basis with the assistance of a health care team member if necessary.
- Leave the bathroom light on at night.
- Discuss with the health care team if you can take a walk with your relative to improve their physical strength.

Tips if your relative is at risk of hurting them self:

- Accompany them to the bathroom with the assistance of a health care team member if necessary.
- Leave dangerous objects at home when visiting them. This includes sharp objects (scissors, pocket knives, etc), lighters and matches.

Tips if your relative is at risk of pulling out tubes:

- Try to distract them with TV, music or electronic games. The idea is to keep their mind and /or their hands busy.
- Hide tubes so they are out of their view.

Tips if your relative is aggressive or violent:

- Ask if they are uncomfortable, in pain, worried or scared.
- Keep the noise level down.
- Ask if they need to use the bathroom.
- Encourage them to relax by doing deep / abdominal breathing, by counting to 50
 or by listening to soft music.

It can be very upsetting witnessing a relative act in an aggressive or violent way. Always watch out for your own safety. Speak to the health care team if you have any questions or concerns.

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BEDRAILS

What are the possible risks and benefits when having bedside rails up?

- Possible benefits:
 - Can help them get up, sit up and turn while in the bed.
 - Can provide a feeling of security for some patients.
 - When being transported, it reduces the risk of falling.
- Possible risks:
 - The patient can hurt them self if they go over the bedside rails.
 - Can increase agitation as it can create a feeling of being trapped.
 - Can increase feelings of loneliness and restriction.
 - The patient can get trapped between the split bedside rails or between the mattress and the side rails.
 - Can increase urine incontinence or constipation as it prevents the patient from getting up and going to the bathroom when needed.

Tips if your relative has both bed rails up:

- Discuss with the team if they need to have all bed rails up.
- Have someone they know at their bedside.
- Keep the call bell and phone within their reach.
- Keep the bed in its lowest position with the wheels locked.
- Accompany them to the bathroom on a regular basis with the assistance of a health care team member if necessary.

The use of bedrails is something to think about and is different from one patient to another!

Please discuss with the health care team to see what would be the best approach for your relative.

For more information, contact
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At the MUHC we wish to provide the best care for you and your family. Do not hesitate to ask questions or give suggestions to the health care team about physical restraint. For more information contact the Nurse Manager.

Developed in 2008 by the Least Physical Restraint Committee. Revised in 2013 by Nancy Turner, RN and Lindsay Hodgson, Patient Education Consultant.

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