

Applying restraints

Once the decision is made to use restraints, notify the physician of the patient's condition and the need for restraints (if the physician wasn't already included in the consultation). Then obtain an order for the restraint. Usually, a registered nurse (RN) or nurse's aide can apply the restraint; the aide can apply it if the RN is present and has delegated the task to the aide. If the provider who ordered restraint isn't present for the assessment, he or she should assess the patient as soon as possible. The restraint can be applied before the provider's assessment.

After the restraint has been applied, start the monitoring process. Make sure to document the required monitoring elements according to hospital policy. Continue to communicate with the patient and family throughout the patient's stay.

Distraction techniques

If your patient already is receiving medication for pain or anxiety and you've used alternative methods for these conditions, you may want to consider distraction techniques to help prevent the need for restraints. These methods include music, television, movies, board games, taking the patient for a walk, having the patient fold towels or washcloths, giving the patient an activity apron (shown here), coloring, writing, having a family member read to or talk with the patient, and helping the patient into a chair placed outside the room (under supervision).

To help reorient patients to the environment, try to redirect their attention to a specific task. Engaging them in physical or intellectual activities can decrease boredom and combat confusion or delirium. These activities also can start them on a path to rehabilitation from their medical condition and increase patient and family satisfaction with hospitalization. Also, using a one-on-one sitter or patient-safety care attendant can help reduce the intensive time demands on bedside nurses while helping to prevent the need for restraints.

