SRNA POSITION STATEMENT

USE OF RESTRAINTS IN CLIENT CARE

Competent, caring, knowledge-based nursing for the people of Saskatchewan

The Saskatchewan Registered Nurses' Association (SRNA) believes that the use of restraints must only be an exceptional measure confined to clients whose behavior could endanger their health and safety, or the health and safety of others. The use of restraints should only be used as a last resort and never as a replacement for nursing care or client supervision.

The SRNA believes clients have the right to make decisions regarding their care and that this right may be violated whenever restraints are used. Violation of the client's rights may result in legal action against the registered nurse and/or the employer if restraints have been used without informed consent from the client, family, guardian or substitute decision-maker. In emergency situations, consents must be obtained as soon as possible after the event has occurred (CNPS, 2004).

The SRNA recommends a policy of 'least restraint' be implemented by all nursing departments. 'Least restraint' means a registered nurse will exhaust all alternative nursing interventions before deciding to use a restraint. A decision-tree approach would assist registered nurses in determining the appropriate use of restraints. The development of healthcare agency 'least restraint' policies and procedures will support all health care providers in achieving the goal of minimizing the use of restraints. These should include the designated healthcare professional that can direct the use of restraints, alternative nursing interventions, appropriate application of facility approved restraints, the duration of restraint application, and monitoring and review of the restraint order.

Any decision to restrain a client in non-emergent situations should be based upon a holistic client assessment by the multidisciplinary team in consultation with the client and involved family member or guardian. All client assessments must be comprehensively documented to reflect nursing judgment used in the decision-making process. Accurate, timely and complete documentation is critical. It should include factors that contribute to the client's behavior that necessitate the use of a restraint, use of alternative interventions, duration of restraint application, frequency of monitoring, observations during monitoring and evaluation of outcomes.

The SRNA considers restraints to include environmental constraints, chemical agents and physical devices which inhibit the client in autonomous, independent spontaneous action. Environmental restraints are barriers or devices that limit the locomotion of an individual, confining the individual to a specific geographic area or location. Chemical restraints are specific drugs used not to treat illness, but to inhibit a client's behavior or movement and may also inhibit the client's freedom of thought and speech. Physical restraints are devices, material, and/or equipment which restrict a client's body movement and prevent the client's ability to remove the restraint.

It is the intent behind the use of the device that defines whether or not it is considered a restraint. Temporary immobilization of a body part as required for a medical treatment or nursing procedure is not considered a physical restraint. Devices such as bedrails, belts on wheelchairs, stretchers, car seats and positional devices used to maintain a desired body position, are not necessarily considered restraints.

The SRNA believes that best practice guidelines around restraint use are necessary to set the parameters for effective practice and safe client care. The SRNA encourages employers to provide continuing education regarding the use of restraints, alternative nursing interventions and the safe, appropriate use of restraints.

.'BACKGROUND

Registered nurses are often faced with legal, ethical and moral dilemmas over restraints. They struggle with conflicts stemming from patients' rights of freedom, feelings of obligation to protect clients and pressure to use restraints.

The use of restraints has been based on the belief that such action would promote client safety. Protecting clients from injury, maintaining treatment and controlling disruptive behavior have been some of the primary reasons for using restraints.

Research has identified that use of restraints on clients can produce adverse physical effects which include loss of motor skills, muscle atrophy, decrease in bone mass, increased confusion, agitation, constipation, development of pressure sores, pulmonary embolism and increased cognitive impairment (Castle & Engberg, 2008, Evans & Cotter, 2008). Studies also demonstrate that restraints do not prevent, but rather increase, the risks of falls and serious injury. Reports indicate that clients have died after becoming entrapped in a restraint. Restraint use can also impact emotionally and psychologically causing fear, anger, humiliation, loss of self-esteem and dignity.

Research and increased awareness of the harmful effects of restraints has led to a movement of eliminating restraints or limiting the use of restraints in health care facilities through a policy of 'least restraint.'

REFERENCES

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