Alternative Interventions to Restraint - Acute Care Inpatient - Adult

Causes	Alternative options
Medical Problems (e.g., fluid overload, dehydration, infection, drug toxicity, offending medications)	- Prompt treatment and ongoing evaluation.
Presence of Pain	 Scheduled analgesia. Positioning and other non-pharmacologic interventions (such as massage, distraction, relaxation devices). Appropriate analgesic type and dose (avoid meperidine), ongoing pain assessment and evaluation.
Unmet Care Need	 - Attend regularly to the needs of toileting, nutrition, hydration, comfort and sleep. - Address sensory impairment.
Fear and Anxiety	Companionship and/or supervision.Reassurance and calm approach.Distraction techniques.
Tampering with Tubes or Lines; Pulling IV's, NG's or OG's	Frequent reassessment of need for therapy/treatment.Kling wrap the IV site.
PEG tubes or Gastric tubes	- Use abdominal binder or a foam binder to eliminate the sight of the tube.
Confused Elderly patient	Use soft cloth dolls to keep hands occupied. Consider dolls with large fur covered pockets, zippers, Velcro shoe laces, etc.
Agitated patient	 Reassurance and calm approach. Consider relaxation music, television, walks on the unit. Consider unmet needs. Have a family member or friend visit the patient.
Elderly patient with a fall/ Gait instability and weakness	 Refer to Geriatrics or Falls Prevention Clinic to determine the cause of the fall and management plan. Physiotherapist and/or Occupational Therapist to assess and recommend possible strategies. Use foam cushion on chairs in order to make it difficult to get up from the chair. Use Chair alarms. Non-slip grip soled slippers or running shoes to assure safety. Walk with the person. Individual gripper pads for chairs or beds to prevent sliding out and falling.
Environment	 Ensure there is enough light for the patient to see clearly. Avoid rooms near areas of high traffic and noise. Consider alarm devices. Develop a routine/regular patient checks.

