Use the Least Restrictive Restraint – Acute Care Inpatient - Adult

Restraint Algorithm

To Prevent Falls



- 1. Assess the cause
- 2. Consult PT/OT for assessment and management.
- 3. Refer to local Falls Prevention strategy
- 4. Consider consulting Geriatrics if patient greater than 65.

1. Use alternative interventions.

- 2. Develop and document a care plan and associated outcomes.
- 3. Review case with multidisciplinary team.
- 4. Educate patient, staff, and family.

Behaviours/Agitation/ Wandering



- 1. Assess the cause
- 2. Use behaviour mapping to identify triggers and target the interventions
- 3. Consider unmet needs.
- 4. Assess for Delirium and initiate appropriate investigations, refer to Delirium Guideline.
- 5. Consider consulting Geriatrics if patients greater than 65.

1. If patient is delirious, determine/address the causes, including developing an individualized care plan.

- 2. Use alternative interventions. Consider nonpharmacological management strategies.
- 3. Initiate regular comfort rounds -nutrition, hydration, hygiene/toileting, and pain assessment.
- 4. Address environmental factors - hearing aids, noise, glasses.
- 5. Review case with multidisciplinary team
- 6. Educate patient, staff, and family.



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Behaviours Either from ETOH (alcohol) or Previous Mental Health Concern



- 1. If ETOH (alcohol) related, refer to CIWA (Clinical Institute Withdrawal Assessment) protocol.
- 2. If patient has mental health concerns, consult Psychiatry.
- 3. Consider role for behaviour mapping.



- 1. Use alternative interventions.
- 2. Document the plan and outcome.
- 3. Review case with multidisciplinary team.
- 4. Educate patient, staff, and family.

