

Alternative Interventions to Restraint Use in Adult Patients - Rehabilitation and Acquired Brain Injury

<p><u>Preventing Removal of Tubes:</u></p> <ul style="list-style-type: none"> - Assess medical necessity of lines/ tubes and advocate for removal (in conjunction with patient/ family wishes). - Provide education regarding treatment benefits and restraint risks- may need to repeat many times. 	<p><u>Interventions:</u></p> <ul style="list-style-type: none"> - Cover and disguise tubes with sleeves, kling, pants etc. - Convert IVs to saline locks if possible - Use elbow splints (to keep arms straight) - Try toileting schedule - Provide simple explanations and guided exploration of the tubes - Try neuro mitts (not secured)
<p><u>Alternatives for Wandering/ Agitation:</u></p> <ul style="list-style-type: none"> - Assess patterns of behaviours, the precipitating factors, timing, duration, frequency, etc. - Assess physical needs (pain, hunger, thirst, fatigue, etc.) as well as emotional, social and exercise needs. 	<p><u>Interventions:</u></p> <ul style="list-style-type: none"> - Meet physical, exercise, emotional and social needs in a safe environment - Respond to the patient's feelings (i.e. "you must be lonely", instead of "you can't go home") - Post photos, signs, name or familiar objects on door - Post picture or toilet on washroom door - Provide familiar objects at bedside (i.e. bedspread) - Adjust level of stimulation to patient needs - Place patient's chair at nursing station - Distract patient with activity - Arrange family/ volunteer visits at peak times - Redirect in a positive manner (i.e. "come with me", instead of "don't go out/there")
<p><u>Alternatives for Positioning:</u></p> <ul style="list-style-type: none"> - Assess nature of problem (e.g. sliding/leaning/falling forward/knees swept to one side); as well as length of time before positioning problems occur. Consider fatigue, pain, time of day or other precipitating factors. 	<p><u>Interventions:</u></p> <ul style="list-style-type: none"> - Check with OT and PT regarding the best chair or mobility aid available - Position hips, knees, and ankles as close to 90 degrees as possible (keep in mind concurrent injuries that may prevent this); neutral positioning - Ensure buttocks and thighs are fully supported on the seat and weight is not on one small area alone - Ensure feet are flat on the footrests or floor to prevent sliding, shifting or leaning - Consider tilt position for rest periods - Monitor skin integrity - Link with PT and OT for options re: bed positioning, pillows, wedges etc.

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For more information, contact policy@ahs.ca

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<p><u>Fall Prevention Alternatives:</u></p> <ul style="list-style-type: none"> - Assess for risk factors of falls (e.g. altered mental status, impaired mobility/balance/gait, weakness, medications, sensory imbalance, bowel or bladder urgency) 	<p><u>Interventions:</u></p> <ul style="list-style-type: none"> - Individualize care based on patient risk factors - Monitor mental status - Refer to OT and PT for gait aids/ positioning - Toileting schedule - Consider most appropriate side rails (one, two, partial; bed against wall) - Put mattress on floor or use mat beside bed - Bed exit alarm - Room close to nursing station - Consider observer/ family supervision - Patient/alternate decision maker/family education re: falls risk management - Review medications - Least restraint if other methods ineffective
<p><u>Alternatives for Aggression:</u></p> <ul style="list-style-type: none"> - Assess often for early signs of escalating behaviour (i.e. verbal abuse, conflict with others, pacing, agitation, anger, distress) - Assess underlying causes (i.e. physical illness, pain, medications, fear, control issues, needs being ignored, information needs, etc.) 	<p><u>Interventions:</u></p> <ul style="list-style-type: none"> - Modify routine as needed - Don't take it personally; don't argue with the patient; don't threaten - Provide opportunity for patient to work out feelings in a non-threatening manner - Offer choices to help patient regain control - Consider quiet time in a room; 1:1 talk with staff, reduce stimuli, play soft music; try distractions such as a game or activity; offer food/ beverage/ meds as appropriate and remain with patient until they settle - Kindly but firmly explain expected behaviour and identify your intent to help and explain your actions - Reduce environmental stimuli, close the door; you may need to walk away