

Alternative Methods/Interventions to Restraint Use Pediatric Patients

Given the developmental and cognitive stages that must be considered when working with children, AHS uses alternative approaches to gain cooperation from pediatric patients for procedures (e.g., nasogastric tube insertion), investigations (e.g., an x-ray), or therapies (e.g., ventilation). These include the following but are not limited to:

- Provision of support, empathy, attentive listening and reassurance of safety
- Creation of predictable daily routine for patient to minimize need for adjustment to change
- Offer patient available options/choices for positive resolution
- Creation of safe environment where patient can be given space
- Enlist help of other staff (more experienced, good rapport with patient)
- Verbal interaction, redirection and limit setting
- Clear explanation of expectations and next steps/consequences
- Encouragement given to patient to remain in control of self
- Removal of or decrease in environmental stimuli
- Involvement of patient and family in decision making
- Distraction/diversional activities (e.g., music, TV, 1:1 interaction with staff)
- Increased staff presence
- Use of time-out (unlocked quiet space) or move patient to a space (i.e., Bedroom) where risk to others is minimized
- Moving patient to a single room or closer to nursing station
- Increase supervision with Registered Nurse (RN), Registered Psychiatric Nurse (RPN), Child Youth Counselor (CYC) or sitter, as appropriate
- Pharmacological review or treatment interventions as ordered by the Physician/Dentist (e.g., use of Pro Re Nata (PRNs) medications)

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For more information, contact
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