

Information to Consider When Restraint is used in Pediatrics

The following information should be considered when restraint is used in the pediatric patient:

1. Clinical Assessment

- 1.1 Medical symptoms, and patients' actions and/ or behaviour leading to consideration of restraint use;
- 1.2 Functional status/contributing factors leading to consideration of restraint use; and
- 1.3 methods/strategies used to address medical symptoms, and patients' actions and/or behaviours prior to consideration of restraint use.

2. Environmental Assessment

- 2.1 Environmental factors contributing to behaviours leading to consideration of restraint use (e.g., noise, lighting, procedures, people).

3. Planning

- 3.1 Any discussion with the patient or alternate decision-maker;
- 3.2 rationale for and goals of restraint use;
- 3.3 least restrictive restraint selected; and 3.4 plan for reducing or eliminating restraint use.

4. Implementation:

- 4.1 Recommended timeline to notify Nurse Practitioner or Physician and obtain order needed (as soon as possible);
- 4.2 informed consent (in accordance with Alberta Health Services [Consent to Treatment/Procedures\(s\) policy suite](#)) and order;
- 4.3 use of Protective Services and/or number of staff involved;
- 4.4 search and removal of potentially harmful personal possessions; 4.5 use of restraint (type, size, period of time, documentation review); and
- 4.5 monitoring.

5. Review and Evaluation

- 5.1 Review of need for continued use of restraint or for the discontinuation of restraint;
- 5.2 effectiveness of chosen restraint;
- 5.3 patient's response to restraint, including debriefing with the patient, if possible; and
- 5.4 add relevant information to the Reporting and Learning System (recommended).