Patient Restraints: Facilitating Healing in the Safest, Least Restrictive Manner
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CRAIG HOSPITAL
Redefining possible for people with spinal cord and brain injuries

OUR PATIENT POPULATION
• Acute care of traumatically brain injured patients, ages 16 – 80
• Patients are often agitated, confused, confabulatory, anxious, un-insightful, with memory impairments
• Continued acute care medical needs provide additional challenges

RERAINT TYPES
Mitts
Posey Belt
Lock Belt
Posey Bed
Safekeeper

DOCUMENTATION
• Nursing can initiate restraints with MD cosigning
• Orders need to be assessed and renewed every 24 hours by night RN and cosigned by MD
• Patient’s skin must be assessed hourly when using a restraint that puts pressure on the skin (i.e. mitts, belts)
• A Restraint Flow Sheet is used to document hourly: the patient’s behavior, the skin assessment, and whether the beds are properly secured

DISCONTINUING RESTRAINTS
• The interdisciplinary team reviews the need for restraints each week in patient rounds
• The interdisciplinary team plans for progression to less restrictive restraints
• The MD must write an order to discontinue a restraint

CONCLUSION
• Restraints allow the patients an opportunity to “prove themselves”, be autonomous and avoid feeling like they have no control
• Restraints protect the patients from injury due to falls or dislodged tubes
• Fall rates remain below the 10th percentile in comparison to NDNQI Magnet Hospitals.