Physical restraints should be the exception, not the rule!*  

Federal and state laws require that nursing homes attempt alternative methods or interventions prior to the use of physical restraints. When physical restraints are used, federal guidelines specify for those residents whose care plans indicate the need for restraints, that the facility engage in a systematic and gradual process toward reducing restraints.**

Your restraint reduction team can use this document in their attempts to identify appropriate restraint alternatives for residents who have restraints. Ideas presented are intended as considerations only; ensure that all care plans are individualized to address each resident’s specific needs and preferences. Note that more than one category of alternatives may be applicable to each resident; also remember that several alternatives, used simultaneously, may be needed for one resident.

Limited knowledge of your residents can prevent your team from identifying effective restraint alternatives; thus, it is important to conduct comprehensive assessments and discuss the findings with the entire interdisciplinary team. Some additional strategies include:

- **Involve direct caregivers in decision-making.** They often know the residents best and have first-hand knowledge about what might work well. Having staff from all shifts can help your team be more effective.
- **Provide consistent assignments for caregivers when possible.** Residents’ needs change frequently, making it a challenge for staff to stay up to date with current care plans for all residents.
- **Identify restraint alternatives with your restraint reduction team for any resident currently using a restraint; use the Ohio KePRO Restraint Reduction Planning Form to keep track of efforts and progress.**
- **Restraint reduction teams that meet regularly (e.g., weekly) and focus on solutions can help build and maintain momentum.**


FACT #1: Residents have the right to be free from restraints.
Physical restraints are “any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident’s body that the individual cannot remove easily, and that restricts freedom of movement or normal access to one’s body” (CMS, State Operations Manual). Federal regulations state that nursing home residents have the right “to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident’s medical symptoms” (CMS, State Operations Manual).

FACT #2: Restraints can be dangerous.
There are many possible adverse effects associated with physical restraint use. These include such things as loss of appetite, skin problems, incontinence, decreased independence and mobility, feelings of isolation and social withdrawal or depression, and increased risk of strangulation or injury (Ohio Department of Health, Physical Restraints, 2007). Also, there are particular hazards in applying restraints on residents who have cognitive impairment. Federal guidelines state, “Residents who are cognitively impaired are at a higher risk of entrapment and injury or death caused by restraints. It is vital that restraints used on this population be carefully considered and monitored. In many cases, the risk of using the device may be greater than the risk of not using the device. The risk of restraint-related injury and death is significant” (CMS, Long-Term Care Facility Resident Assessment Instrument User’s Manual).

FACT #3: Federal and state laws are specific about the use of restraints.
When restraints are ordered, nursing homes must follow federal and state mandates regarding their use. The guidelines specify details such as, but not limited to, the following: restraints must have physician orders; residents must be assessed for medical issues and safety needs; potential adverse outcomes from the restraint must be considered; and nursing homes must engage in a systematic and gradual process of restraint reduction. Written consent by the resident or their authorized representative is also required (CMS State Operations Manual, Ohio Administrative Code).

FACT #4: Nursing homes cannot use restraints based solely on the legal representative’s request or approval.
Regardless of a family member or guardian’s request, nursing homes must use restraints in accordance with all federal and state laws. Restraints cannot be applied if its use violates the law (CMS, State Operations Manual).

FACT #5: A resident’s likes, dislikes and activity patterns should be the basis of an individualized care plan.
Getting to know your residents is the first step in developing a care plan that will meet their needs. Determine their preferences for sleep/waking times, meals, bathing, activities, etc. For residents with complex care needs, assess and consider patterns related to their physical activity, bowel/bladder patterns and/or their behavioral health needs. Design care plans with participation from the resident, family and consistent assignment of caregivers that proactively addresses the resident’s needs as well as his/her preferences.

References:
- Centers for Medicare & Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument User’s Manual
Residents who are cognitively impaired

Residents who are cognitively impaired may not be able to verbalize their needs and/or preferences. Consequently, any unmet physical and/or emotional need may result in falls, behaviors, agitation, isolation, etc. It is important to identify (and anticipate, when possible) residents’ needs when they cannot communicate them verbally. Consider these ideas, or brainstorm with your team to identify other possible appropriate restraint alternatives.

- Develop individualized care plan through determination of the resident’s likes and dislikes (i.e., food, beverages, sleep schedules, preferred activities, etc.). Ask family members to provide information if needed.
- Determine the resident’s past habits and routines (including occupation, usual schedule or patterns, etc.); ask family members to provide information if needed.
- Establish routines that fit with resident’s preferences and maintain this schedule (i.e., sleeping/rising).
- Anticipate when the resident may be hungry or thirsty and provide food or fluids.
- Anticipate when the resident needs to be toileted (use a tracking record to detect residents’ usual patterns).
- Provide familiar caregivers so the resident’s needs can be anticipated (consistently assigned staff).
- Assess the resident’s cognitive status, and develop interventions based on their cognitive abilities and/or their ability to respond to sensory stimulation (i.e., touch, taste, sounds, sights, etc.)
- Provide alternative bathing methods (e.g., sponge baths, whirlpool/tub baths),
- Assess for orthostatic hypotension, vestibular dysfunction or other medical problems such as infection or pain.
- Assess for untreated/undertreated pain.
- Review medication regime for side effects, possible drug-to-drug interactions, or contraindicated medications.
- Provide individualized activities (i.e., activity boxes or activity apron/vest).
- If appropriate, re-orient to surroundings by using photographs or scrapbook.
- Turn on television or radio, if resident prefers (or turn off if background noise is undesirable to resident).
- Provide regular ambulation times with supervision and/or exercise or restorative programs.
- Allow for periods of sensory stimulation.
- Allow touch therapy or massage.
- Play soothing music of resident’s choice.
- Provide quiet room if resident is over-stimulated and/or provide regular nap periods.
- Encourage family involvement with visitation and activities.
- Assess furniture arrangement and room placement (close to nurses’ station).
- Plan for one-on-one time with staff.
- Use weighted lap blanket for sense of security.
- Maintain activity tracking record to determine sleeping/waking/activity levels.
- Reduce or eliminate environmental noise (e.g., overhead paging, loudspeakers, radio/TV, etc.).
- Provide aromatherapy.
- Assess vision and hearing; ensure that resident is wearing glasses or hearing aids as prescribed.
- Understand why resident is moving or trying to move, and provide and encourage alternative seating.
- Ask family members to bring personal items or keepsakes that are familiar to the resident.
- Place visual cues or reminders (e.g., memory boxes or window boxes) on the resident’s room door.
- Keep key belongings (including water and call light) within residents’ reach.
- Ensure adequate lighting.
Residents with physical impairment

Residents who are at risk for falls due to muscle weakness, poor balance, or gait abnormalities have unique needs related to their safety. When residents have a history of falls related to mobility problems, consider these ideas, or brainstorm with your team to identify other possible appropriate restraint alternatives.

- Use a discreet identification system for residents with high risk of falling.
- Identify patterns of resident’s falls (e.g., time of day, day of week, etc.).
- Relocate the resident near to staff/activities occurring; provide frequent staff monitoring.
- Refer to physical therapy/occupational therapy (PT/OT) for positioning, strengthening, balance, ambulation, etc.
- Verify that the wheelchair (including seat height, width and depth) is the proper size for resident.
- Adjust the wheelchair seat or wheels to accommodate resident’s posture.
- Position the wheelchair so resident can use feet to self-propel.
- Refer to restorative program for ambulation or exercise program.
- Maintain an activity tracking record to determine the resident’s usual patterns (i.e., sleeping/waking, activity, toileting, etc.).
- Anticipate why the resident is attempting to move (e.g., looking for bathroom or needing personal assistance, food/fluids, etc.).
- Use a rocking chair or alternative seating.
- Assess for orthostatic hypotension, vestibular dysfunction or other medical problems such as infection or pain.
- Consider room placement/furniture arrangement for improved accessibility.
- Ensure wheelchair brakes are locked; provide information on safe transfers.
- Establish regular ambulation periods with staff to assist, or daily group ambulation periods.
- Review medication regime for side effects, possible drug-to-drug interactions, or contraindicated medications.
- Review medication schedules to determine proper administration timing (i.e., give medications with side effects of drowsiness at bedtime, if appropriate, per physician orders).
- Provide the resident with a sense of security; return to assist the resident as promised.
- If the resident is uncomfortable, determine the cause (e.g., pain, soiled, etc.) and help relieve the discomfort.
- Assess vision; ensure that resident is wearing glasses as prescribed.
- Keep key belongings (including water and call light) within residents’ reach; remind resident to use call light.
- Anticipate when residents will be tired, and assist them to bed.
- Identify residents with orthostatic hypotension and teach compensatory standing/transfer strategies.
- Anticipate customary routines or schedules and routinely allow for preferences (late sleepers, early risers).
- Schedule rest or nap periods for residents who tire easily.
- Provide opportunities for companionship or face-to-face visitation with children, pets, clergy, etc.
- Encourage resident to reposition his/her body frequently; alternate between rest and activity periods.
- Ensure adequate lighting.
- Assess footwear for safety (i.e., comfort, resident’s gait, good repair, non-slip sole, fasteners).
- Assess assistive devices (i.e., wheelchairs, canes, walkers) for safety factors (e.g., good repair, appropriate tips, etc.).
- Encourage non-caffeinated drinks, especially in the afternoon and evening hours.
- Keep the resident’s room and walkways free of clutter.
Residents with seating and positioning needs

Sometimes restraints are used for residents who have poor trunk control or impaired posture or spinal alignment, to compensate for musculoskeletal conditions and/or comfort. For residents who have special needs related to seating and positioning, consider these ideas, or brainstorm with your team to identify other possible appropriate alternatives.

- Assess for orthostatic hypotension, vestibular dysfunction, or other medical problems such as infection or pain.
- Conduct cognitive assessment and provide appropriate activities suitable for each resident’s cognitive level.
- Refer to physical therapy/occupational therapy (PT/OT) for positioning, strengthening, balance, ambulation, etc.
- Refer to restorative nursing for ambulation or exercise program.
- Use non-slip material on chair.
- Use a self-releasing seatbelt, if the resident is able to remove it on their own.
- Reduce a full lap tray to a half- or quarter-tray.
- Provide frequent staff monitoring.
- Use wedge cushion or other specialized cushion.
- Verify that wheelchair (including seat height, width and depth) is proper size for resident.
- Adjust height and/or angle of wheelchair seat or wheels to fit resident’s posture.
- Transfer to alternative seating regularly.
- Use anti-tipping devices on chairs.
- Review medication regime for side effects, possible drug-to-drug interactions, or contraindicated medications.
- Review medication schedules to determine proper administration timing (i.e., give medications with side effects of drowsiness at bedtime if appropriate, per physician orders).
- Assess assistive devices (wheelchairs, canes, walkers) for safety factors (good repair, appropriate tips, etc.).
- Use body pillow.
- Place bed next to wall; use low bed or concave mattress.
- Assess resident’s ability to ambulate short distances and promote independence when possible.
- Assist the resident to a comfortable chair in their own room.
- Adjust bed to proper height for resident’s stature.
- Ensure that wheelchair footrests are in proper position.
- Use trapezes or other devices in bed, rather than side rails.
Residents with agitation and/or wandering

For residents who are agitated and/or ambulate without apparent purpose, consider these ideas, or brainstorm with your team to identify other possible appropriate alternatives.

- Assess for medical problems, such as urinary tract infection or pain.
- Refer to physical therapy/occupational therapy (PT/OT) for positioning, strengthening, balance, ambulation, etc.
- Refer to restorative nursing for ambulation and toileting programs
- Investigate cause of irritation (e.g., pain, toileting needs, hunger/thirst, need to change positions, etc.).
- Review medication regime for possible side effects, drug-to-drug interactions, or contraindicated medications
- Assess the resident to determine if side effects are occurring.
- Provide psychosocial alternatives according to resident’s needs and preferences, such as:
  - Sensory stimulation
  - Soothing music
  - Quiet room
  - Family involvement
  - One-on-one time
  - Aromatherapy
  - Activity apron/vest
  - Use weighted lap blanket for sense of security
  - Consider changes to room placement/layout and roommate
  - Activities that maintain resident’s interest and engagement
- Maintain an activity tracking record to determine the resident’s usual patterns (i.e., sleeping/waking, activity, toileting, etc.).
- Maintain tracking records to determine if triggers for agitation have an identifiable pattern (e.g., certain times of day, environmental factors, etc.), or if they are related to change in roommates, visitation, environment, routine, etc.
- Anticipate why the resident is attempting to move (e.g., looking for bathroom or needing personal assistance, food/fluids, etc.).
- Maintain tracking record to establish toileting routines.
- Provide staff education on communication techniques with residents who appear to be agitated.
- Provide consistent caregiver assignments.
- Keep key belongings (including water, call light and TV remote) within the resident’s reach.
- Provide spiritual support for interested residents.
- Ensure adequate lighting.
- Reduce or eliminate environmental noise (e.g., overhead paging, loudspeakers, radio/TV, etc.).
- Provide calm, soothing activities for the resident during shift change or other times of disruption.
- Walk with the resident.
- Allow touch therapy or massage.
- Consult with family to determine effective calming strategies during periods of restlessness or agitation.
- Provide regular daily companionship.
- Encourage the resident to express his or her feelings; provide active listening and validation.
- Encourage non-caffeinated drinks, especially in the afternoon and evening hours.
- Provide quiet room or more familiar area if resident is over-stimulated.
- Check blood sugar and/or vital signs.