

Restraint Alternatives

Restraint definition: Any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that he or she cannot remove easily which restricts freedom of movement or normal access to the body.

The following information suggests ideas for reducing the use of physical restraints in nursing homes. A carefully monitored use of the alternatives with frequent reassessment should be conducted.

General Principles

- Play to the resident's remaining abilities. Build capacity by focusing on their strengths.
- Identify and anticipate customary schedules and accommodate personal preferences. Identify late sleepers and early risers and allow for preferences.
- Provide for a sense of security and calm. Monitor and control stimuli in the resident's environment.
- Know when the resident needs to rest and when they need to be engaged.
- Know what the resident likes to see, smell, touch, taste, and hear and provide these opportunities.
- Know the resident's agenda. What is the resident trying to do when they exhibit behaviors?
- Be calm and self-assured. Be friendly and use touch when appropriate.
- Encourage independence whenever possible and offer the resident choices.
- Use pets, children, and volunteers to engage the resident in life.
- Involve the family and provide them with a task or activity to do with the resident.
- When necessary, redirect or use distraction. Incorporate family pictures, favorite themes, and activities or ideas based upon their work or career.
- Validate feelings and mobilize the resident. For instance, "I want to get up." "You want to get up?" Then get the resident up.
- Validate feelings such as saying "You sound like you are angry."
- Use active listening.
- Set limits in a firm, friendly manner.
- Develop trust by assigning consistent caregivers whenever possible.
- Avoid confrontation.
- Approach in a calm and quiet demeanor.

Behavior/Medical Condition Therapeutic Interventions

- Begin with a medical evaluation to rule out physical or medication problems. Include investigations for acute medical conditions such as a urinary tract infection, upper respiratory infection, and ear infections.
- Evaluate toileting patterns and needs. Provide assistance to meet individual patterns.
- Evaluate and minimize medications that may produce lethargy or sluggishness. Evaluate medications that may produce gait disturbances.
- Evaluate pain level. When in doubt, offer a trial of acetaminophen for pain.

- Evaluate sleep and wake patterns.
- Assess night time interruptions and noises that could be misinterpreted by the resident. Minimize to ensure the resident receives at least a four hour period of uninterrupted sleep.
- Keep call bell in reach.
- Place resident in bed when fatigued.
- Evaluate for orthostatic hypertension and use appropriate interventions to reduce hypotension. Change positions slowly.
- Evaluate visual system and proper correction with eye glasses. Place glasses on daily to enhance visual acuity.
- Evaluate vestibular system making sure the resident's ears are clear and their balance system is intact.
- Encourage repositioning frequently.
- Evaluate hunger and provide snacks during the day and at night before bed when indicated.
- Check blood sugar levels.
- Make a Social Services referral.
- Make a geropsychiatric referral.
- Evaluate staffing patterns/trends.
- Maintain regular schedule.
- Limit caffeine.

Environmental & Equipment Interventions

- Order physical and occupational therapy referral to evaluate assistive devices and individualized seating equipment. Use to maximize functional status of the resident. Assess for sliding or leaning as well as appropriate size of chair and proper fit. Use enablers to facilitate positioning and function.
- Use alternative seating such as an Adirondack chair, high back chair, bean bag chair, reclining chairs, and wing back chairs.
- Minimize use of wheelchairs for anything other than transport.
- Use the over bed table for providing diversional activities.
- Evaluate accessibility of call lights and ensure easy use.
- Evaluate for a restorative program.
- Keep water pitcher and personal items within easy reach.
- Use non-skid socks.
- Evaluate ambulation devices for good working condition.
- Do not use chair or bed alarms for fall risk.
- Place the resident at the nurses station for close observation when needed.
- Encourage repositioning frequently.
- Evaluate for proper fitting and appropriate condition of footwear.
- Adequate lighting, especially at night.
- Remove wheeled furniture used for support.
- Keep the bed lowered to the correct height so that resident can place feet on the floor and hips are at right angles.
- Evaluate need for bedside commode at night.
- Provide visual cues on the resident's door for easy identification and way finding clues in other places as indicated. Provide visual cues to direct to toilet, use of gait devices, and use of call bell.
- Evaluate physical environment for excessive furniture, cluttered hallways, and rooms.
- Use light, protective headgear when indicated to prevent brain injury.
- Use hip protectors when indicated for risk of hip fracture.
- Evaluate for appropriate size and length of clothing.

- Use a trapeze for bed mobility.
- Identify environmental triggers for behavior and eliminate them.
- Move to a quiet area, possibly a more familiar area when resident becomes over stimulated. Decrease external stimuli during times of increased stress levels.
- Reduce external stimuli such as overhead paging, TV, and radio noise.
- Provide door guards and barrier stripes to discourage entry into other resident rooms. Camouflage doors when necessary to discourage exiting. Cover door knobs. Place a mirror at the door exit. Use Stop and Go signs. Use a Wanderguard or other exit alarm system to warn staff when the resident attempts to exit.
- Structure a place to sit and rest in hallways.

Activity Interventions

- Engage the resident in exercise throughout the day. Use wheelchair or chair pushups. Facilitate attendance at group exercise classes.
- Secure comprehensive assessment by activities staff to determine level of participation and appropriate activities based on the resident's ability and interests.
- Use exercise peddles while sitting.
- Use ambulation programs daily.
- Use group ambulation programs and/or accompanied walks in or out of doors.
- Use one to one conversation.
- Use music to engage the resident. Use a Music and Memory Program with favorite songs on an I-Pod.
- Use relaxation techniques such as tapes, videos, and music/
- Use theme, memory, and reminiscence boxes and books.
- Use a magnification box to create awareness of the resident's voice level.
- Use a Lava lamp, soothe sounders, or an active mobile.
- Use recordings of family and familiar relatives or friends.
- Consult with family regarding past coping mechanisms that proved effective.
- Provide companionship.
- Provide fish tanks and birds.
- Provide rest periods.
- Use touch therapy and massage.
- Provide a punching bag.
- For pacing and wandering, find ways to meet the resident's desire to be needed, loved, and active. Remove objects that remind the resident of going home such as hats and coats. Provide diversional activities that correspond with past lifestyles and preferences. Individualize the environment and make it homelike. Provide familiar objects. Consider how medications, diagnosis, activities of daily living, daily schedule, weather, and other factors impact the resident's wandering and exiting.
- Provide a large numerical clock at the bedside to provide orientation to time of day.
- Provide safe outdoor space such as a courtyard. Structure safe wandering pathways.
- Use a photo collage or album of memorable events.