Alternatives for Physical Restraint: Myths and Truths about Physical Restraints; Including a Nursing Survey on Restraint Practices

The University of Texas MD Anderson Cancer Center Restraints Improvement Group

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Abstract

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EDUCATIONAL LEVEL OF STAFF

- 74% of our staff has had one hour or less of continuing education regarding restraint use.
- 26% Have had greater than three hours of continuing education regarding restraint use.
- Survey results are for August 1998

MYTH 1:

Restraining an intubated patient will prevent self-extubation.

Our survey results: 94 % Agree 6 % Disagree

TRUTH: " . . . in a 12 mo. study in a general ICU of intubated patients, found self-extubation occurred despite the use of sedation and restraints." ($_1$)

"Likewise, the studies related to ventilated patients show that those who self extubate were restrained, sedated, or both." ($_2$)

" . . . restraints do not necessarily prevent extubation of endotrachial tubes." ($_3$)

MYTH 2:

Drugs are a good alternative to restraints.

Our survey results: 13 % Agree 87 % Disagree

TRUTH: " Most of the nurses would rather sedate a patient with prescriptive medication than physically restrain them. Nurses may think that sedation is the lesser of the two evils; however, sedation can cause as many problems as the use of physical restraints. Sedatives affect the patients level of consciousness, respiratory effort and other vital signs." ($_4$)

MYTH 3:

Restrained patients have a longer hospital stay.

Our survey results: 0 % Agree 100 %Disagree

TRUTH: " . . . restrained patients were hospitalized twice as long as those who were not restrained, and that the mortality increased in those patients who were restrained."

MYTH 4:

Elderly patients in the ICU are more likely to need restraints.

Our survey results: 39 % Agree 51 %Disagree

TRUTH: " An elderly patient is eight times more likely to be restrained than a younger one." (2)

" The act of restraining may itself contribute to a manifestation of agitation." (1)

MYTH 5:

Patients who are restrained understand the need for restraints.

Our survey results: 41 % Agree 59 %Disagree

TRUTH: “It is unlikely that the patient understands the reason for the restraint.” (1)

MYTH 6:

It would be helpful to review restraints need with the physician on daily multidisciplinary rounds.

Our survey results: 94 % Agree 6 %Disagree

TRUTH: “I can’t underscore enough the importance of bringing in colleagues from other disciplines to help us with this.” ($_5$)

“ Frequent evaluation of need for continued use of restraining devices is imperative and should include the patient, family, and multidisciplinary health care team.” (2)

“ The multidisciplinary team continues to monitor any patient who has been restrained continuously for 7 days or was transferred in restraint to a unit during the prior week. As a result 65% of the patients are out of restraints within 24 hours and 75% are out of restraints within 48 hours.” (3)

MYTH 7:

If the physician gave me permission to remove the restraints, I would be more likely to do so.

Our survey results: 53 % Agree 47 %Disagree

TRUTH: “Not only do nurses differ among themselves [regarding the rationale for restraint use] nurses and physicians often disagree with one another about restraint use.” (7)

MYTH 8:

Increased awareness can result in change in restraint practice.

Our survey results: 59 % Agree 41 %Disagree

TRUTH: “Studies suggest that critical care nurses may benefit from education about restraints.” (2)

“ Simply increasing the staff’s knowledge about the risks associated with restraint use and introducing appropriate alternatives can change behavior.” (5)

MYTH 9:

Routinely using restraints not only protects my patient, but my practice.

Our survey results: 59 % Agree 41 %Disagree

TRUTH: “ Interestingly, court cases citing negligence in failing to use physical restraints for patients are not common. However, successful legal claims have resulted from the inappropriate ordering of restraints. .” (3)

“ Courts in the U. S. are reluctant to uphold a duty to restrain, stating instead that restraint use is undersirable and compromises the patient’s quality of life. Litigation in cases of nonrestraint is uncommon.” ($_6$)

MYTH 10:

Restrained patients have a longer hospital stay.

Our survey results: 0 % Agree 100 %Disagree

TRUTH: “ . . . restrained patients were hospitalized twice as long as those who were not restrained, and that the mortality increased in those patients who were restrained.”

MYTH 11:

Elderly patients in the ICU are more likely to need restraints.

Our survey results: 39 % Agree 51 %Disagree

TRUTH: “ An elderly patient is eight times more likely to be restrained than a younger one.”2c

“ The act of restraining may itself contribute to a manifestation of agitation.” (1)

MYTH 12:

Patients who are restrained understand the need for restraints.

Our survey results: 41 % Agree 59 %Disagree

TRUTH: “It is unlikely that the patient understands the reason for the restraint.” (1)

MYTH 13:

Increased awareness can result in change in restraint

practice.

Our survey results: 59 % Agree 41 %Disagree

TRUTH: “Studies suggest that critical care nurses may benefit from education about restraints.” (2)

“ Simply increasing the staff’s knowledge about the risks associated with restraint use and introducing appropriate alternatives can change behavior.” (5)

MYTH 14:

Routinely using restraints not only protects my patient, but my practice.

Our survey results: 59 % Agree 41 %Disagree

TRUTH: “ Interestingly, court cases citing negligence in failing to use physical restraints for patients are not common. However, successful legal claims have resulted from the inappropriate ordering of restraints. .” (3)

“ Courts in the U. S. are reluctant to uphold a duty to restrain, stating instead that restraint use is undersirable and compromises the patient’s quality of life. Litigation in cases of nonrestraint is uncommon.” (6)

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