

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

endotracheal 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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