

**Limiting Restraint Use in Healthcare Facilities**

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## **Limiting Restraint Use in Healthcare Facilities**

Public concern has increased regarding physical restraint use in healthcare facilities due to the heightened awareness that restraints can be used negligently for staff convenience. Numerous harmful risks associated with physical restraints can include bedsores, malnutrition, incontinence, contractures, falling, and worsening behavior which may very well have been the reason to use the restraint in the first place (De Bruijn et al., 2020). While restraints remain necessary in some cases, alternatives to physical restraints are preferred whenever possible. This quantitative literature review seeks to explore different substitutes to physical restraints to help limit the use of physical restraints in healthcare facilities.

### **Decline in Physical Restraint Use Following Implementation of Institutional Guidelines**

Patients with a history of self-extubations, or the self-removal of medical tubing, are often placed in physical restraints to avoid accidental self-harm (Sheilds et al., 2021). However, since the implementation of institutional guidelines, physical restraint use has declined significantly. The main idea is that with enhanced communication, increased documentation of restraint use, and agency policies regarding restraint use strictly followed, the number of patients in restraints will decrease (Sheilds et al., 2021). This decline in the use of physical restraints was looked over further at an institution that documented 38 instances of self-extubation to see if the lack of physical restraints impacted the number of self-extubations (Sheilds et al., 2021).

### **Key Points**

Of the 38 self-extubations documented, there were 27 self-extubations on the restrained patients, while only 11 of the self-extubations were documented on non-restrained clients (Sheilds et al., 2021). Furthermore, the lack of an appropriate sedation level is also a significant factor in the case of self-extubations and is what commonly leads patients to pull out tubing (Sheilds et al., 2021). Therefore, increasing patient surveillance after surgery and increasing documentation of sedation levels can ultimately help limit the use of physical restraints on clients (Sheilds et al., 2021).

### **Assumptions**

Dr. Sheilds suggests that if patients are adequately observed after surgery, and sedated at the correct level, then the use of restraints may be obsolete (Sheilds et al., 2021). While self-extubations can be unpreventable in some cases, according to the evidence presented in this article, the use of restraints can lead to a more significant number of self-extubations (Sheilds et al., 2021). This article advocates for the use of alternatives to physical restraints to improve patient outcomes.

### **Deficit/Conclusion**

The inclusion of alternatives to physical restraints can benefit patients on a variety of levels. While physical restraints may remain necessary in certain situations, it is essential to note that they may cause more harmful effects than positive ones. This article indicates a need for patients to be assessed thoroughly before using physical restraints to evaluate whether the restraint is necessary. The nursing profession would benefit from further research and more extensive studies on whether physical restraints are necessary for specific situations.

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#### **Key Points**

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#### **Assumptions**

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#### **Deficit/Conclusion**

Paragraph goes here discussing the conclusion of the article. Follow the MEAL paragraph formatting and use Grammarly.com. Do you accept the authors' line of reasoning? What are the implications for this article? If nursing fails to accept this line of reasoning, what would the implications be?

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**Key Points**

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**Assumptions**

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**Deficit/Conclusion**

Paragraph goes here discussing the conclusion of the article. Follow the MEAL paragraph formatting and use Grammarly.com. Do you accept the authors' line of reasoning? What are the implications for this article? If nursing fails to accept this line of reasoning, what would the implications be?

**Conclusion**

Write a conclusion here in your overall paper. Follow the MEAL paragraph formatting and use Grammarly.com. Provide a summary/conclusion of the analysis of all three articles.

Discuss how the information can improve:

- Patient outcomes
- Nursing practice
- Evidence-based practice/Quality Improvement efforts
- Healthcare as a whole

### References

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