Limiting Physical Restraint Use in Healthcare Facilities: A Literature Review

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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 include pressure injuries, malnutrition, incontinence, contractures, falling, and worsening behavior (De Bruijn et al., 2020). While restraints remain necessary in some scenarios, normally cases of repeated self-extubations or harmful patient behavior, 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 implementing institutional guidelines set by the National Database of Nursing Quality Indicators, physical restraint use has declined significantly (Sheilds et al., 2021). These guidelines required healthcare teams to check on each restrained patient and perform a multidisciplinary assessment at the bedside to reevaluate treatable causes of agitation and other restraint indications (Sheilds et al., 2021). 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). At an institution that documented 38 instances of self-extubation, researchers found that a lack of physical restraints did not impact 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 benefits of multidisciplinary assessments on restrained clients, increased patient surveillance, and documentation of sedation levels 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.

Interventions for Preventing and Reducing the Use of Physical Restraints of Older People in General Hospital Settings

The shortage of nurses in the workforce can lead to less time allocated to each patient's care. In addition, healthcare staff often do not have the means to supervise fall-risk patients. Hence, patients, especially older adults with cognitive impairments, are often at risk of being physically restrained (Mohler et al., 2016). However, with the use of technical devices such as sensor mats, and bed alarms, staff can leave a fall-risk patient unattended without the use of physical restraints (Mohler et al., 2016). This research article lists interventions for fall-risk patients such as alternative technical devices, staff education on physical restraint effectiveness, and the involvement of family members to limit the use of physical restraints (Mohler et al., 2016).

Key Points

Older patients at risk for falling are often put in physical restraints to prevent injuries and ensure the proper delivery of medical treatment. However, the evidence in this article does not support the assumption that restraints effectively reduce falls or fall related injuries (Mohler et al., 2016). For example, a study carried out in a teaching hospital found that injuries occurred in 55% of falls in patients restrained, while only 29% of unrestrained patients sustained fall injuries (Mohler et al., 2016). This statistic shows that restraints do not prevent all falls and that they may cause even more harm than if the patient was not restrained and fell. In addition, technological devices such as bed alarms are much safer than physical restraints and accurate in detecting a bed exit (Mohler et al., 2016). For example, in a study aimed at testing bed alarm effectiveness, researchers found that out of eighty-one of the bed alarm rings recorded, 98% were genuine bed exit attempts (Mohler et al., 2016). Therefore, bed alarms can reduce the risks of patient falls while also avoiding the adverse effects of physical restraints (Mohler et al., 2016).

Assumptions

This article suggests that physical restraints may affect a patient's recovery and rehabilitation and possibly cause more injury in the case of falls (Mohler et al., 2016). While falls can occur whether a patient is or is not in physical restraints, the evidence shows falls with restrained patients often lead to more injury (Mohler et al., 2016). This article favors using technological devices to monitor fall risk patients rather than physical restraints because physical restraints often are associated with decreased mobility, prolonged length of stay in the hospital, increased risk of pressure ulcers, and incontinence (Mohler et al., 2016).

Deficit/Conclusion

Technological devices have shown significant results in preventing falls. For example, bed alarms can accurately detect patient bed exits and alert staff, all without any harmful effects on the patient, unlike physical restraints (Mohler et al., 2016). Switching to these alternatives as a nursing profession will improve patient well-being and provide the patient with more holistic care. While certain patients may be a challenge to care for, physical restraints should never be the first choice by healthcare staff due to the harmful effects experienced by the patient.

Alternatives to Use of Restraint: A Path Toward Humanistic Care

This article focuses on alternatives to using restraints, one example being restraint fading (Raveesh et al., 2019). Restraint fading involves slowly removing the level of restraints used on a patient (Raveesh et al., 2019). This method is used predominantly in people with developmental disabilities who often harm themselves. An example would be a patient who repeatedly scratches their arms, going from wearing a constricting straitjacket restraint to simple arm wraps that protect the skin and allow the patient more movement (Raveesh et al., 2019). This article also provides the reader with adverse physical and psychological effects experienced on both the patients and the nursing staff regarding restraint use (Raveesh et al., 2019).

Key Points

Restraint fading may provide a method for decreasing self-harm in people with developmental disabilities while not resorting to overly restrictive measures (Raveesh et al., 2019). In a study with three developmentally disabled patients, all of whom engaged in hand-to-head self-harm, restraint fading was implemented (Raveesh et al., 2019). This particular form of restraint fading included the patients wearing rigid arm guards (Raveesh et al., 2019). Researchers found that restraint fading had decreased the amount of self-harm in all three patients (Raveesg et al., 2019). While this study is severely lacking in participants, it shows promise for the future in limiting restraint use on individuals with developmental disabilities.

Assumptions

This article heavily favors the use of alternatives to physical restraints when it comes to developmentally disabled patients. It advocates for facilities to teach their staff methods of behavioral competencies, such as avoiding patient agitation, and having the patient involved in their care plan (Raveesh et al., 2019). This article also assumes that by encouraging patient participation in the treatment process, that patients will be more likely to be cooperative and less aggressive (Raveesh et al., 2019).

Deficit/Conclusion

There are many factors to consider when deciding on the implementation of restraint fading in the healthcare setting. It is also essential to consider that each patient is unique in their mental condition and that restraint fading may be harmful to try in some situations. This article does emphasize the importance of further research due to the lack of evidence-based research on restraint fading. However, restraint fading is still an important topic to study further, as it could improve the lives of so many who suffer from developmental disabilities.

Conclusion

The negative attitudes surrounding the use of physical restraints have helped to promote safer alternatives instead. Physical restraints can cause multiple health conditions such as pressure injuries, malnutrition, incontinence, contractures, and increased falling (De Bruijn et al., 2020). By providing better patient surveillance post-operation, using technical devices to monitor falls, and further researching restraint fading on patients suffering from developmental disabilities, physical restraint use could become fazed out of healthcare or at least become a rare occurrence. Implementation of these alternatives would lead to better patient outcomes and healthcare as a whole improving. However, alternatives to physical restraints need to be further researched, with larger test groups to ensure the safety of patients and medical personnel.

References

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