

One ethical dilemma that is met within the nursing field, most often in the mental health specialty, is the use of chemical restraints for patients. This nursing student does not currently work in a mental health setting. However, she often sees the use of chemical restraints for patients who are exhibiting signs of disturbed mental health or whose medical diagnoses are causing them to have behavioral issues. For many of these patients, the options for protecting the patient and the staff members come down to the use of either physical or chemical restraint.

Many times, physical restraints may be applied to patients who pose a threat of harm either to themselves or to staff members. These physical restraints in many cases may actually cause harm themselves. This nursing student believes that non-physical restraints should be used in place of physical restraints whenever possible. The ability of chemical restraints to allow a patient to maintain their independence in movement and the lack of physical harm is what makes chemical restraints more appealing than the use of physical. According to Bauer in *Safety Regarding Restraints*, patients sometimes come to a new unit in physical restraints, often four-point, and the new unit will remove the physical restraints and switch to the use of chemical restraints to avoid physical harm to the patient. Bauer also discusses in this journal the ability of a medication to act as both a chemical restraint and also be therapeutic. Medications such as Haldol and other tranquilizers allow for nursing staff to lessen the frequency that therapeutic holding and physical restraining.

This nursing student feels that the use of chemical restraints over physical restraints is desirable in order to provide a more safe environment for both the patient and the staff. Patients who pose a threat of harm to themselves or others should not be physically restrained as they may thrash and cause bodily harm to themselves. Whether a patient is becoming aggressive due to mental illness or a medical diagnosis, they should both be treated with crisis intervention type methods.

Reference

Bauer, R. N. (2017). Safety Regarding Restraints. *MEDSURG Nursing*, 26(5), 352–355.