Breaking Free: Reviews and Recommendations on Physical Restraint Use in an ICU Setting
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Problem: The use of physical restraints has been a standard practice among healthcare professionals. Many have deemed it a customary and necessary tool in preserving patient safety for intubated and non-intubated patients displaying signs of agitation.

Evidence: Despite its widespread use, patient injuries including unplanned extubation, unintended removal of central lines, fall, and even death has been accounted for during the time of physical restraint. Hence, the uncertainty on whether physical restraints truly succeed its purpose arises. Furthermore, debates regarding its accordance to the patient-centered care approach of healthcare and maintaining patient dignity are also ongoing.

Strategy: A yearlong observational study using least restrictive alternatives to restraints, such as freedom splints and unsecured mitts, was conducted in a 16-bed intensive care unit.

Practice Change: Adult inpatients, intubated and non-intubated, considered at risk for self-harm were placed on freedom splints or unsecured mitts instead of physical restraints. These alternatives were utilized for the duration of mechanical ventilation or until mental status improves. Splints or mitts were either used solely or along with chemical restraints and 1:1 continuous supervision.

Evaluation: Staff in-service regarding proper use of freedom splints conducted with successful return demonstration. A unit activity sheet used to monitor any incidents related to restraint use or lack thereof. Furthermore, a restraint assessment tool was structured to aid nurses in identifying patients that meet criteria for physical restraints.

Results: A significant drop in the prevalence of restraints noted; from approximately 40% in 2010 to 2% in 2011 with no increase in the rate of inadvertent patient harm.

Recommendations: Continue to use least restrictive alternatives to fully conclude its success.

Lessons Learned: Patient’s care should never be sacrificed along with comfort and dignity; therefore, refrain from use of physical restraints. Least restrictive alternatives, as evidence suggests, are able to maintain patient safety. However, if deemed necessary, physical restraints can be used with close supervision and patient education.
Bibliography:
