Release Your Practice: An Evidenced-Based Project to Reduce Restraint Use
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Problem: Restraints are used in the ICU to protect patients from removing critical lines or devices. However, Centers for Medicare and Medicaid Services state patients have the “right to be free of restraint or seclusion” and that restraints may only be used to ensure “immediate physical safety of the patient.”

Evidence: Restraints fail to prevent patients from removing invasive devices and may cause patient harm as they are a known contributor to the development of delirium and psychological distress (Hine 2007).

Strategy: The project was based on work of Huang et al. (2009) where an educational inservice approach was used to reduce restraint usage by affecting nurses' restraint knowledge and practice.

Practice Change: Nurses were educated about alternative strategies to restraints, misconceptions about restraints, proper initiation of restraints, and strategies for discontinuing restraints quickly.

Evaluation: The project followed a pre-post study design by measuring restraint incidence, cataloging patient characteristics, and surveying nursing staff on their restraint knowledge and beliefs.

Results: Data shows there was a positive impact on nursing practice, even though there was not a change seen in nurse attitudes and beliefs. Nurses' clinical practice showed statistically significant increases in alternatives to restraints: observation (i.e. charting in patient room) from 18% to 100% (p= 0.0435), reorientation from 3% to 18% (p= 0.022), and comfort techniques (i.e. repositioning) from 0.5% to 8% (p= 0.001). There was not a statistically significant change in restraint use, likely due to the low baseline rate. However, in the post-implementation group, more patients were intubated (p = 0.007), which may have contributed to the continued use of restraints.

Recommendations: Increasing nurses' awareness and implementation of restraint alternatives is one potential intervention to decrease restraint use. It is critical to have restraint alternatives accessible to frontline staff in order to be successfully implemented.

Lessons Learned: It is difficult to change individual's attitudes and beliefs in a short period of time; however practice changes may still occur.

Bibliography:


