



Providing Restraint-Free Care

One key to eliminating the perceived need for restraints in people with Alzheimer's disease is individualized care.

THE ELIMINATION OF PHYSICAL restraints—from bed rails to Geri-chairs—is a worthy goal for all long term care facilities, and many have vastly reduced the use of restraints in recent years. But restraint use is still far too prevalent, especially in cases involving residents with dementia who are prone to wandering or other potentially dangerous behaviors.

In Phase 2 of its “Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes,” released earlier this year, the Alzheimer's Association emphasizes the need to eliminate all physical restraints in the interest of protecting the health and safety of residents with dementia.

Defining Restraints

According to the Alzheimer's Association, physical restraints include any method or device that restricts a resident's freedom of movement or access to his or her body and which the individual cannot easily remove. It is the effect of the method or device on the person that results in it being considered a restraint. Although psychoactive medications are sometimes used inappropriately to restrain residents, the topic is outside the scope of this set of practice recommendations.

Examples of methods or devices considered physical restraints under the practice recommendations include side rails on beds, although sometimes residents use “quarter or half rails” to reposition themselves in bed; limb and waist restraints; hand mitts; Geri-

chairs; over-the-bed tables and trays that cannot be removed without assistance; chairs or recliners from which a resident is unable to get up on his or her own; and involuntary confinement to a room, except when isolation is medically necessary to protect resi-

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dents from a contagious disease.

The perceived level of residents' cognitive impairments often determines whether restraints will be used in a long term care setting. In many cases, restraints are used because of the mistaken belief that they are necessary to ensure resident safety, prevent agitation, provide physical support, or prevent falls.

Such assumptions, however, are most often incorrect. Physical restraints are generally harmful to residents and may have negative effects on multiple body systems. For example, restraints can impede an individual's capacity to walk, get food or fluids, change position, use the toilet, and socialize.

The negative effects of restraints on individuals with cognitive impairments can be both physical and emotional. Physically, consequences may include

injuries, falls, physical deconditioning, incontinence, malnutrition, dehydration, bone demineralization, muscle atrophy, skin tears, pressure ulcers, contractures, cardiac rhythm disturbances, and infection.

Emotional consequences of restraints include distress and worsening agitation. Individuals with dementia may exhibit marked behavioral disturbances in response to being restrained. People with and without dementia experience emotions ranging from frustration and anxiety to anger and terror when restrained, and they typically view restraints as barriers to be overcome.

Caregiver Goals And Practices

While restraints may sometimes be temporarily necessary to enable staff to safely deliver essential care—assessing a resident experiencing delirium, for example—it should be the goal of all long term care providers to foster a restraint-free environment. This means identifying the underlying problems or needs that may prompt the use of restraints and addressing them using restraint-free methods. And it means providing staff with techniques they can use to prevent, reduce, and eliminate the use of restraints.

Fostering a restraint-free environment begins with a thorough assess-

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ment of each resident's life history, habits, and preferences. An ongoing assessment process is an essential strategy for identifying use of restraints and alternatives to their use as well as to support restraint-free care. Regular, comprehensive assessments enable caregivers to adjust individual care plans in order to address resident needs and prevent use of restraints for conditions such as frequent falls, behavioral symptoms, or wandering.

In addition, facilities need to assess their own capacity to provide a restraint-free environment. A thorough self-assessment may include:

- Extent to which restraint-free policies exist and are implemented;
- Level of staff training and understanding of restraint-free care;
- Circumstances under which restraints are used inappropriately;
- Identification of residents with restraints; and
- Identification of conditions that might trigger use of restraints (for example, certain medications can cause dizziness, loss of balance, or delirium; others can reduce psychotic symptoms and a perceived need for restraints).

Staff Approaches

The key to eliminating use of restraints is individualized care, which depends on staff knowing the resident as a person. Consistent assignment of staff to residents promotes such individualized care.

Likewise, effective care planning involves knowing a resident's remaining abilities and understanding how to make use of them to avoid conditions such as wandering and falls that can lead to inappropriate use of restraints. Care planning staff are responsible for trying and documenting various options to avoid use of restraints.

Staff at all levels need to understand the hazards of using restraints and the process of individualized assessment and care planning. This requires effective staff education about restraints that might include:

- A working definition of what constitutes a restraint;
- An understanding of the reasons why restraints are unacceptable;
- A debunking of myths and misconceptions about restraints, including, for example, the misconception that restraints are an effective and acceptable approach to ensuring resident safety;
- An understanding of the negative impact of physical restraints on residents and staff;
- A run-down of restraint-related assessment strategies;
- An appropriate, restraint-free approach to caring for residents with behavioral symptoms;
- The extent of residents' rights and the legal aspects involving restraint use; and
- A facility's restraint policies and protocols in the event of an emergency situation.

Families of residents must also be educated about restraints for many of the same reasons. A good practice is for facilities to provide written educational information regarding restraint use to families upon resident admission.

Creative Solutions

Staff—sometimes with the assistance of consultants—can implement their own creative solutions for identifying and meeting individualized care needs regarding safety, behaviors, and postural support.

For example, staff can:

- Minimize resident waiting times by responding promptly to calls.
- When residents repeatedly slide out of their wheelchairs in an attempt to self-propel, staff can place them in lower-height wheelchairs that allow a resident's feet to touch the floor.
- Identify and help fatigued residents go to bed when they need rest, so they won't attempt to get into bed unassisted.
- Employ individualized day and nighttime activities to increase resident

contentment and decrease behavioral symptoms.

- Seek assistance from a professional to help reduce use of restraints through evaluation and treatment of physical, cognitive, or sensory impairments.

- Camouflage and protect areas of active wound care so the resident will not disturb dressings or the healing process.

When using restraints during a medical emergency, staff need to obtain orders from the resident's physician and notify the designated family member or surrogate decision maker as soon as possible. Staff should begin medical evaluation and appropriate treatment as ordered, call emergency services, or transfer the resident to an appropriate health care facility.

Getting Started

In the case of facilities that are already using restraints, senior staff need to establish an interdisciplinary team to develop and implement a plan for reducing use of restraints. All nursing facilities must have an interdisciplinary team for assessment and care planning, and designing alternatives to using restraints is an integral part of these processes.

One suggestion is to incorporate restraint reduction as part of a facility's quality improvement program and include baseline collection of data, measures of progress, and rewards for progress. But this is unlikely to succeed unless staff are adequately trained, alternative programs are in place, and adequate resources are available to implement individualized care plans. ■

For More Information

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