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Effective Decision Making in the Use of Pediatric Restraints

Mary Anne Longo PhD, MBA, RN-BC, NEA-BC[a,*], **Suzan Miller-Hoover RN, DNP, CCNS, CCRN**[b]

[a] *Pediatric Nursing Practice, Maineville, OH*

[b] *Rady Children's Hospital, San Diego, CA*

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Background

PEDIATRIC PATIENTS HAVE unique safety needs based on their developmental age. Patient rights related to restraints delineate that healthcare workers use alternative methods to reduce the use of restraints whenever possible. Examples of alternative methods include family member presence, the use of sitters, distraction, and placing the patient near the nurses' station. When alternative methods are deemed ineffective or the actions of the patient indicate immediate need for restraints, the least restrictive type of restraint should be utilized and only as a last resort. Additionally, restraints should be removed at the earliest opportunity.

The importance of de-escalation cannot be underestimated. The Crisis Prevention Institute (2015) stresses the importance of learning the skill of empathic listening. As Stephen Covey would say, "Seek first to understand, then be understood" by giving the person undivided attention; be nonjudgmental; focus on the person's feelings, not just the facts; allow silence; and use restatement to clarify messages.

De-escalation skills must be practiced by staff on a regular basis due in part because of how staff communicate with each other and socially (texting, all forms of social media, documenting online) which may be leaving patients with the sense of a lack of focus on their needs (Dufresne, 2015).

Restraint use is not without risk. The Joint Commission sentinel event restraint related events data (2015) from 2004-Q22015 notes a total of 128 events. Injuries and deaths have occurred while patients are in restraints. The risk of death and injuries while using restraints has provided the regulatory agencies with the evidence needed to strengthen the regulations surrounding the use of restraints. Violent/self-destructive restraint and seclusion pose the most risk to the patient and therefore have the strongest regulatory control.

The ANA's position paper on restraints (2012) notes there has been limited success in decreasing restraint use with intubated and mechanically ventilated patients. In addition, avoidance of self-displacement by patients of central intravenous lines, nasogastric tubes, and indwelling bladder catheters are also justified as reasons for placing ICU patients in restraints.

> *While the use of restraints is seen as a last resort in pediatric practice, it is the responsibility of the RN to use effective decision making tools such as algorithms to effectively determine when devices are being used as restraints. Patient/family education help to insure safe use of restraints.*

Staff Education

Changes in bedside nurses' critical thinking and decision-making related to restraint will occur only with education and continuous discussions supported by leadership using data provided through performance improvement. (American Psychiatric Nurses Association, 2014) Since the ANA has designated 2015 as the year of Ethics, a discussion of the interpretive statements regarding ethics and caring for patient's dignity while keeping patients and staff safe is warranted. Initially having standardized policies and procedures related to the use of restraints is paramount to driving safe effective care. In addition, what is communicated at change of shift, with families, and other disciplines, what/how/when is documented, and what is the role of other disciplines.

* Corresponding author: M. Anne Longo PhD, MBA, RN-BC, NEA-BC.
E-mail address: mannelongo@gmail.com.

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Types of Restraints

Physical

(a) Immobilizers such as papoose boards, foot immobilizers, elbow cuffs, limb holders, netting, mummy
(b) Velcro extremity restraints
(c) Elbow immobilizers
(d) Posey special care bed

Chemical

The RN should be knowledgeable of the drugs that might be used as a means of restraint in certain situations. Nursing responsibilities include vigilant monitoring of vital signs and knowledge of adverse events for the drug given, i.e. respiratory depression or paradoxical reactions, etc., does there even need to be an antidote available.

Seclusion

According to the Center for Medicare and Medicaid (2008), “Seclusion is the involuntary confinement of a person alone in a room or an area where the person is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior”. RNs working in psychiatry or the ED must be knowledgeable of the policy and procedure for the use of seclusion. For example, is your security department notified? Is the procedure different for a patient who is admitted under a surgical diagnosis and requires seclusion? The goal for seclusion is the same as with any restraint use, Safe Patient and Safe Employee.

Patient Education

Patients/families are educated as a means of assisting them in changing behaviors to help with adherence to the care plan. Parents need to be informed of the following when their child is placed in physical restraints. Patient education is not a “one off”. Thinking that the shift before you or a colleague has provided the family with the information is not helping the family learn the importance of the need/use of restraints. It behooves the institution to have standardized instructions that can be customized to the individual patient in terms of the rationale for the restraints, health literacy, or cultural aspects of the use of restraints. If the institution has a Care agreement, has the parent been informed and provided a signature? (Truven Health Analytics, 2015).

(1) What are restraints?
(2) Why does my child need them?
(3) What type of restraints might be used?
    (a) Seclusion
    (b) Physical
    (c) Chemical
(4) How will my child be monitored while in restraints?
(5) What are the risks in using restraints?

Age/Location Specifics

The RN is responsible for assessing the patient for preexisting medical condition or physical disability and limitations that would place the child at greater risk during the restraint. In addition, assessment includes history of sexual or physical abuse that would place the child at greater psychological risk during the restraint. RN performs an assessment, reevaluation of the need for restraints, and documents every 2 hours to include the following:

(a) Signs of injury associated with the application of the restraint
(b) Nutrition and hydration
(c) Circulation and range of motion of the extremities
(d) Vital signs
(e) Hygiene and elimination
(f) Physical and psychological status and comfort
(g) Readiness for discontinuation of restraint (Bowden & Greenburg, 2012)

It is not always easy to choose which type of restraint to use; a developmentally delayed patient who scratches and slaps at the nurse while an intravenous catheter is being placed, a patient who has been placed on a psychiatric hold but who is cooperative, or a patient who sleeps in an enclosed bed at home are all examples of situations which may require the nurse to choose the appropriate restraint method and the correct restraint device. Using an algorithm may enable the nurse to make the correct choice.

Determining If the Device Is Being Used as a Restraint

See Figure 1.

Restraint/Seclusion Order Algorithm

See Figure 2.

Examples Using the Algorithm

Using the restraint/seclusion order algorithm, determine which type of restraint you would choose in the following scenarios.

(1) A patient comes into the emergency room, combative and yelling, you suspect the patient has ingested some type of drug or alcohol. Which type of restraint would you implement? If you said, violent/self-destructive, you are correct. This patient could put you and your staff at risk. Would you put the patients in physical restraints or would you use seclusion? Seclusion would be the least restrictive, but requires that the patient be kept under constant surveillance. However, physical restraints might be needed if patient requires medical treatment.
(2) You have a patient who has a naso-gastric tube and a peripheral intravenous catheter in place. The patient is waking up from anesthesia and keeps pulling at the tubes. Which type of restraint would you implement? If you said, non-violent/non-self-destructive restraints, you are correct. The catheter and naso-gastric tube are in danger of being pulled out, so to protect them until the patient is

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