ALTERNATIVES TO RESTRAINTS

HCS 15

PROGRAM DESCRIPTION

This program discusses alternatives to the use of chemical and physical restraints. Strategies and use of special equipment are discussed in order to promote dignity and self-esteem for clients/residents. Video running time: 23 minutes (2.0 contact hours).

NOTE: You may also want to order NEVCO®’s new programs on Residents' Rights, which incorporates use of chair alarms and other suggestions for restraint free environments.

OBJECTIVES

At the conclusion of this program, the participant will be able to:

1. Identify attitudes of the nurse who successfully implements a restraint free program.
2. Recognize the membership and significance of the multi-disciplinary team for a restraint-free environment.
3. State three (3) questions that need to be asked when assessing for a safe environment.
4. Identify at least four (4) risk factors that contribute to falling.
5. List at least four (4) resources available to reduce the need for restraints.
6. Using the acronym PEP, state three (3) categories of interventions useful as restraint alternatives and examples of each.
7. When implementing alternatives, name at least three (3) problems encountered and strategies for dealing with each.
8. Identify two (2) ways to evaluate the outcome of restraint alternatives.
The Nursing Process

The nursing process is a systematic method of problem solving. It is based on the scientific method. The nursing process is called "process" because it is ongoing. These are the steps of the nursing process:

**Assessment:** This is the systematic, ongoing collection of information from multiple sources. Assessment is done when a nurse interviews a client and the client’s significant others. A physical assessment of the client is also completed and other assessment factors include: laboratory data, daily client actions, the client’s ability to carry out daily activities, signs and symptoms, and the client’s response to treatment. In long term care, resident assessment instruments are used to provide a comprehensive multi-disciplinary assessment.

**Problem Identification or Nursing Diagnosis:** Assessment data leads to identifying client strengths and client problems. These may be actual problems the client currently experiences, or potential problems that may occur with that client in the future. Problems are stated and related to a cause or influencing factor.

**Planning:** The systematic steps that the nurse will enact, with others, to assist the client to meet the goals (or outcomes) that are set. For each problem, a measurable, specific goal is identified. The plan includes nursing actions, based on aspects of nursing theory, nursing science, other sciences, and research findings. The beliefs and values of the nursing profession as well as the values of the client are taken into account.

**Implementation:** Carrying out the plan.

**Evaluation:** This is the systematic process of examining each client goal-related outcome to determine if it were met and to revise the plan accordingly. Evaluation may also identify the resources that are needed for the client or the health care provider in their continuing plan of care.

**Professional Nursing Roles**
As the nurse carries out the nursing process, the nurse enacts a variety of professional roles. These are:

- clinician
- teacher
- client advocate
- leader

These roles may overlap. In the clinician role, the nurse may provide direct "hands on" care, or may assess a client's needs and direct others to provide services to meet those needs. The nurse may conduct patient and family teaching in a teaching role. The nurse may also teach other health professionals when a multidisciplinary team addresses the client's needs. The nurse is a client advocate when collaborating with the client, finding resources for the client, and acting on behalf of the client. The nurse is a leader when planning and assigning the care of a client to others, maintaining overall responsibility and accountability for that care, assisting other members of the health care team to set and meet goals or when providing resources to other health care providers.
Chemical Restraint: any drug that affects thinking or judgment or alertness, that is used to punish or penalize a resident, or that is used to control a resident's behavior when other methods could be, but are not, used.

Immobility: the inability to move about freely. This includes being able to change one's position in bed or when sitting.

OBRA: Omnibus Budget Reconciliation Act. This set of laws first came out in 1987, and has had several additional laws enacted following that time. Together they are referred to as “OBRA.” These laws require long-term care facilities and home health agencies to carry out certain actions to make sure that nursing home residents and home care clients receive safe care in a manner that respects their rights and dignity.

Physical Restraint: OBRA defines these as any practice or device that is attached or adjacent to the resident's body that make it difficult for the resident to move freely or have access to his or her body.

Quality of Life: the condition of the resident's life on a day-to-day basis including his or her physical status, mental status, emotional condition, life satisfaction and overall sense of well being.

Residents' Rights: these are conditions that all residents of long-term care facilities are entitled to. These conditions are always to be respected, no matter how ill, disabled or confused the clients are.

Restraint-free: quality care is given to residents without the use of any physical or chemical restraint unless the restraint is required to treat the resident's medical condition.
Choose the response that most accurately answers the following questions:

1. The following statement should reflect your restraint practice:
   a. it is considered good care to use restraints
   b. restraints are easily applied by unskilled workers
   c. restraints should not be used, except in exceptional situations
   d. if a resident does fall when not restrained, restraints must be applied

2. The following are true statements about the attitudes of nurses when reducing restraint use EXCEPT:
   a. restraint reduction is seen as a temporary problem
   b. restraint reduction is viewed as a challenge
   c. creativity and confidence are needed
   d. flexibility is necessary for all team members

3. When assessing a resident’s problem that could require restraints, consider the following, EXCEPT:
   a. what is the desired outcome?
   b. when and why does the problem occur?
   c. is a restraint required to treat the resident’s medical condition?
   d. what is a convenient time to apply restraints?

4. All of the following can increase a resident’s risk of falling EXCEPT:
   a. family history
   b. a balance disturbance
   c. orthostatic hypotension from standing too quickly
   d. level of consciousness

5. Which law requires a restraint-free environment in long-term care facilities?
   a. Patient Bill of Rights
   b. Hill-Burton Act
   c. OBRA
   d. Civil Rights Act of 1981

6. What is a physical restraint?
   a. a device that prevents a resident from moving freely
   b. a device the resident can easily remove
   c. a device that helps treat a medical problem
   d. a practice that helps the resident remain independent
7. A chemical restraint is a psychoactive drug used for the purpose of controlling behavior rather than for a psychiatric illness.
   a. true
   b. false

8. Which of the following would be the best measure for Mrs. Jones, who frequently struggles to climb over the side rails on her bed?
   a. put the side rails down
   b. ask the nurse to medicate her
   c. restrain her
   d. have planned times to get her out of bed and walk, go to the bathroom, and to participate in a program

9. All of the following are problems resulting from immobility while a resident is restrained EXCEPT:
   a. incontinence
   b. muscle weakness
   c. bowel impaction
   d. elevated temperature
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DISCUSSION QUESTIONS

1. What are your facility's/agency's policies and procedures on restraint use?

2. Which residents have the most likelihood of falling? What have you done in your facility/agency in the past to keep them safer, other than using restraints?

3. Are there any situations in which you would HAVE to use restraints? If so, what would they be?
   - transferring clients/residents
   - transporting clients/residents via ambulance
   - other?
Choose the response that most accurately answers the following questions:

1. It is the responsibility of only the nursing staff to be knowledgeable about restraint reduction.
   a. true
   b. false

2. All of the following are likely to be physical causes that have led to the use of restraints in the past, EXCEPT:
   a. electrolyte imbalance
   b. urinary tract infection
   c. vision loss
   d. all of the above

3. Nurses play a key role in initiating the physical assessment of the resident.
   a. true
   b. false

4. Which of the following would be likely to indicate the greatest threat of a fall?
   a. no medication use
   b. the use of one medication
   c. the use of a cathartic
   d. the use of two or more medications

5. Examples of “external” triggers of behavior include any of the following EXCEPT:
   a. music
   b. exit-seeking behavior
   c. the paging system
   d. visitors

6. The nurse should focus on the desired outcomes while planning care when the physical cause cannot be reversed.
   a. true
   b. false
7. All of the following are important strategies when planning restraint alternatives EXCEPT:
   a. you will probably need more than one alternative intervention
   b. there is one correct identifiable intervention for each problem, if you do a thorough assessment
   c. an intervention may be effective for weeks or minutes
   d. re-assessment should be continuous

8. All of the following are interventions targeting hazards of the environment EXCEPT:
   a. use STOP signs on doors and stair wells
   b. if a side rail is needed at night to grab onto, put the siderails at one end or use a 1/2 rail
   c. use elevated toilet seats
   d. schedule staff to watch residents at all times

9. Evaluation of restraint alternatives can be done in any of the following ways EXCEPT:
   a. during the quarterly review of resident care plans
   b. by evaluating increases or declines in falls
   c. by determining the resident’s comfortable walking distance
   d. by looking at the level of mobility of residents
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ANSWER SHEET

PRE TEST

1. c
2. a
3. d
4. a
5. c
6. a
7. a
8. d
9. d

POST TEST

1. b
2. d
3. a
4. d
5. b
6. a
7. b
8. d
9. c
ALTERNATIVES TO RESTRAINTS

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RESOURCE ADVISOR

CATHY H. CUTCINS, BSN, RN currently is Director of Staff Development and Quality Assurance for Buckley Nursing Home in Holyoke, Massachusetts. Ms. Cutchins has authored articles for the American Journal of Nursing and Geriatric Nursing Magazine. She has presented papers on restraint-free and hospice care at national conferences. She received the Founder's award of the National Association of Director's of Nursing Administration in long-term care.

NEVCO® video educational programs are prepared using specific criteria designed by National Educational Video, Inc.™ All educational programs are coordinated and reviewed under the direction of the NEVCO® Director of Education, who is a master's prepared nurse.
REFERENCES


While NEVCO® strives to remain current with Federal and state regulatory requirements, the information contained in this NEVCO® presentation is always subject to governmental amendment. Therefore, we suggest that you contact your Federal and state authorities for any possible revision to regulatory requirements.
Please evaluate this program by circling the number that best represents how well this program met the following objectives:

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<th>Objective</th>
<th>4=Excellent</th>
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COMMENTS:_________________________________________________________________
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Do you feel your personal objectives were met? _________________________

Time required to complete this program? _______________________________ minutes

Return this form to the facilitator who distributed the learning materials.

Thank you.
REQUEST FOR CERTIFICATES FOR CONTACT HOURS

**TYPE** the NAMES, LICENSE NUMBERS AND JOB TITLES (RN, LPN, MSW, CNA, PT, etc.) of the people who are to be issued a certificate for contact hours for attending the continuing education program:

(Facility Name)

(Title and Number of Video Program)

This request must be submitted along with the completed roster and evaluation sheets for the above named program.

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FACILITATOR’S EVALUATION
(NEVCO® Video Education Program)

Must be completed by the facilitator

EVALUATION OBJECTIVES:

(1) To assess extent to which the program was appropriate, adequate and effective.
(2) To identify, continue to develop and evaluate effective quality assurance activities.

Title of Program ________________________________________________________ Date _______________________
Place of Employment _________________________________________________Job Title _______________________

Please evaluate the presentation by circling the number that best describes your rating.
4 – Excellent 3 – Good 2 – Average 1 – Poor

ORGANIZATION OF COURSE
Material was organized to facilitate learning 4 3 2 1
The amount of material covered was adequate and accurate 4 3 2 1
There was effective use of time to cover the subject 4 3 2 1

CONTENT OF THE FACILITATOR’S GUIDE
List total number of objectives in this facilitator’s guide _____________________
List by number the objectives that were met _____________________________
The test material reflected the objectives listed 4 3 2 1
Content can be used to improve nursing practice 4 3 2 1
Content reflected knowledge level and needs of learner 4 3 2 1
The material was current 4 3 2 1

Evaluate Test Questions
Pre-Test 4 3 2 1
Discussion Questions 4 3 2 1
Post-Test 4 3 2 1

FACULTY PRESENTING (Video)
The presentation was 4 3 2 1
The presenter explained the material 4 3 2 1
The presenter demonstrated knowledge of material 4 3 2 1

OVERALL RATING
I felt this teaching method was 4 3 2 1

COMMENTS – (Please make suggestions for future topics and additional comments about the presentation or instructor)
_________________________________________________________________________________________________
_________________________________________________________________________________________________
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Thank you for your time in completing this evaluation! We appreciate your comments and suggestions. The NEVCO® Educational Staff
©1995 Revised 10/2004
EVALUATION
(NEVCO® Video Education Program)

Must be completed by every participant

EVALUATION OBJECTIVES:

(1) To assess extent to which the program was appropriate, adequate and effective.
(2) To identify, continue to develop and evaluate effective quality assurance activities.

Title of Program ________________________________________________________ Date _______________________

Place of Employment _________________________________________________Job Title _______________________

OBJECTIVES

Total number of objectives in program _________
Circle the number of objectives that WERE met  1   2   3   4   5   6   7   8   9   10   11   12   13   14   15
Circle the number of objectives that were NOT met  1   2   3   4   5   6   7   8   9   10   11   12   13   14   15

Please evaluate the presentation by circling the number that best describes your rating.
4 – Excellent   3 – Good   2 – Average   1 – Poor

ORGANIZATION OF COURSE

Material was organized to facilitate learning     4 3 2 1
The amount of material covered was adequate and accurate     4 3 2 1

CONTENT OF THE PRESENTATION

The test material reflected the objectives listed     4 3 2 1
Content and/or skills demonstrated can improve my ability to perform my job     4 3 2 1
Content reflected knowledge level and needs of learner     4 3 2 1
The material was current     4 3 2 1
Time for questions was     4 3 2 1
Effective use of time to cover subject was     4 3 2 1
Graphics were beneficial     4 3 2 1

NEVCO® FACULTY (who prepared the program and/or appeared in interviews)

The presentation was well prepared     4 3 2 1
The presentation explained the material well     4 3 2 1
The presenter demonstrated knowledge of material     4 3 2 1

OVERALL RATING

I felt this teaching method was     4 3 2 1
Facilities and classroom were adequate     4 3 2 1

COMMENTS – (Please make suggestions for future topics, content of program and instructors)

_________________________________________________________________________________________________
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Thank you for your time in completing this evaluation! We appreciate your comments and suggestions. The NEVCO® Educational Staff
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CONTINUING EDUCATION ROSTER

This form must be completed and returned to NEVCO®. Keep a copy for your facility, but return the original to NEVCO®.

PRINT OR TYPE

Account # ____________________________________
Number and title of Video Program ___________________________________________
Dates Given _______________________________________________________________
Contact Hours _____________________________________________________________
Name of Facility ___________________________________________________________
Address of Facility _________________________________________________________
City/State/Zip _____________________________________________________________
RN Facilitator ___________________Signature _________________________________

ROSTER OF PARTICIPANTS

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Certificate of Completion

This is to certify that

______________________________________________________________
Attended and Completed

______________________________________________________________
National Educational Video, Inc.™ Program Number and Title

For ___________ contact hours

On ________________
Date

______________________________________________________________
Facility / Agency Name

______________________________________________________________
Facility / Agency Address

______________________________________________________________
RN / Facilitator

CERTIFICATE FOR ASSISTANTS ONLY

National Educational Video, Inc.™ is an approved provider of continuing education. State Board provider numbers: Florida NCE2896, Alabama 5-97.0, California CEP8803 and Kentucky 7-0045.

This activity provided by National Educational Video Inc. is approved as a provider of continuing education in nursing by Alabama State Nurses Association, which is accredited as an approver of continuing education in nursing by The American Nurses Credentialing Center’s Commission on Accreditation.
CERTIFICATE OF COMPLETION

For each participant who has successfully completed a continuing education program, please make a copy of the blank NEVCO Certificate (on reverse side) and fill in the following information:

1. Name of the learner
2. Program title and number
3. Number of contact hours
4. Date the program was completed
5. Name and address of your Agency / Facility
6. Signature of the RN / Facilitator responsible for offering the program