

RESTRAINT ALTERNATIVE MENU

Restraint Risk: Disruption of Therapy

Patient Assessment

Is patient delirious or demented?

Are there reversible causes of agitation or confusion?

Polypharmacy: narcotics (e.g., meperidine), H-2 blockers, psychoactive drugs (e.g., benzodiazepines), anticholinergic agents.

Delirium due to infections, hypoxia, neurologic event.

Physical discomfort: urinary retention, fecal impaction, musculoskeletal pain, limb ischemia.

Interventions

Treat underlying cause of delirium or agitation.

Maximize communication with patient.

Low, calm tone of voice.

Assistive devices as appropriate: hearing aids, headphone amplifiers, eyeglasses, communication boards.

Explain all actions and instructions in clear, simple terms.

Orient and reassure patient.

Introduce yourself each time you see patient.

Maintain anxiety-reducing techniques: calm manner, gentle touch, pleasant demeanor.

Involve family in bedside care of patient.

Pharmacotherapy for agitated or psychotic patients.

Discontinue treatment modalities no longer essential to patients care (e.g., IV lines)

Restraint Risk: Accidental Falls

Patient Assessment

Fall risk factors: ≥ 75 years, history of falls, impaired gait, orthostatic hypotension or dizziness, impaired cognition, sensory impairments, incontinence, psychoactive drug use.

Observe patient transfer and gait: evidence of weakness, unsteadiness.

Interventions

Environmental considerations

Assure safe environment: non-slip floors, diffuse overhead lighting, eliminate room and hallway clutter.

Grab bars in bathrooms, handrails in rooms and hallway corridor.

Bedside and bathroom call system.

Low bed positions.

Move patient to room near nurse's station.

Non-skid footwear.

Remove unneeded tethers: bladder catheters, intravenous lines.

Exercises to increase lower extremity and hip muscle strength

Physical therapy consultation.

Low intensity resistive and endurance exercises.

Assisted ambulation in hallway.

Active or passive range-of-motion exercises for immobile patients.

Treat orthostatic hypotension: modify drug regimen (e.g., decrease doses of vasodilators, alpha-blockers), increase dietary salt, apply compression stockings, leg-pumps.

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