



State-approved Curriculum NURSE AIDE I TRAINING PROGRAM

July 2013
Module K



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Registry Section
Center for Aide Regulation and Education
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Module K – Restraint Elimination, Reduction, Appropriate Use Teaching Guide

Objectives

- Identify safety interventions that the nurse aide can do to create an environment for restraint elimination or reduction.
- List the negative effects of restraint use on a resident.
- Describe the variety of restraints available to the health care provider, for use, per physician order.

Supplies

- Various restraints, chair to restrain student(s) (Teaching Tips #1K and #3K)

Advance Preparation – In General

- Review curriculum and presentation materials
- Add examples or comments in Notes Section
- Set up computer/projector
- Decide whether to add extra activities, such as discussions, small group activities, role play etc. to the curriculum

Advance Preparation – Teaching Tips

- **#1K Physical Restraints:** Gather restraints and have available to show to the class and possibly pass around when each device is mentioned in class.
- **#3K Restraint Scenarios:** Think about who would be willing to be restrained for teaching purposes. Remember to secure verbal permission before applying restraints that restrict movement.

**Module K – Restraint Elimination, Reduction, Appropriate Use
Definition List**

Chemical Restraint – any drug used to control actions of a resident for convenience of staff

Pelvic Support – a physical restraint used between the thighs to keep a resident’s hips from slipping forward

Physical Restraint (or protective device) – any physical or mechanical device, material or equipment which restricts freedom of movement or normal access to one’s body

Restraint – a physical or chemical way to restrict voluntary movement or behavior

Restraint Alternative – measures used instead of physical or chemical restraints

Restraint-free Care – an environment in which restraints are not kept or used for any reason

Seat Belts – a belt around a resident’s waist to prevent falls from a wheelchair

Soft Cloth Mittens – a physical restraint using a mitt that limits mobility of hands and use of fingers, frequently used for residents who could harm themselves by pulling at tubing, removing dressings, touching incisions or scratching a wound

Soft Limb Ties – a physical restraint used to keep a limb immobilized

Vest Support or Crossover Jacket – a physical restraint put on like a jacket to provide support in a wheelchair and limit mobility of upper body in bed

Wrist Restraints – a physical restraint that limits arm movement

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<p>(S-1) Title Slide (S-2) Objectives</p> <ol style="list-style-type: none"> 1. Identify safety interventions that the nurse aide can do to create an environment for restraint elimination or reduction. 2. List the negative effects of restraint use on a resident. 3. Describe the variety of restraints available to the health care provider, for use, per physician order. 	
Content	Notes
<p>(S-3) Creating an Environment for Restraint Elimination, Reduction, Appropriate Use – Key Terms</p> <ul style="list-style-type: none"> • Restraint-free care – an environment in which restraints are not kept or used for any reason • Restraint alternative – measures used instead of physical or chemical restraints 	
<p>(S-4) Restraint</p> <ul style="list-style-type: none"> • A physical or chemical method to restrict voluntary movement or behavior • Protective measures to prevent injury, not to limit a resident’s mobility for staff convenience • Two types of restraints <ul style="list-style-type: none"> ○ Physical Restraint – any physical or mechanical device, material or equipment which restricts freedom of movement or normal access to one’s body ○ Chemical Restraint – any drug used to control actions of a resident for convenience of staff 	
<p>(S-5) Creating an Environment for Restraint Elimination and/or Reduction – Importance</p> <ul style="list-style-type: none"> • Negative effects of restraint use explain importance of creating an environment for restraint elimination and/or reduction • Negative effects of restraints include: <ul style="list-style-type: none"> ○ Physical and psychological discomfort ○ Pressure ulcers ○ Pneumonia ○ Reduced blood circulation 	
<p>(S-6) Creating an Environment for Restraint Elimination and/or Reduction – Importance</p> <ul style="list-style-type: none"> • Negative effects of restraints include: <ul style="list-style-type: none"> ○ Risk of suffocation ○ Incontinence ○ Increased weakness and muscle atrophy ○ Poor appetite and malnutrition ○ Depression ○ Sleep disorders ○ Loss of dignity 	

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<p>(S-7) Creating an Environment for Restraint Elimination and/or Reduction – Importance</p> <ul style="list-style-type: none"> • Negative effects of restraints include: <ul style="list-style-type: none"> ○ Loss of independence ○ Stress and anxiety ○ Change in mood and increased agitation ○ Loss of self-esteem ○ Loss of will to live ○ Severe injury ○ Death 	
<p>(S-8) Creating an Environment for Restraint Elimination and/or Reduction – Importance</p> <ul style="list-style-type: none"> • The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident’s medical symptoms (CMS F221; F222) 	
<p>(S-9) Creating an Environment for Restraint Elimination and/or Reduction – Nurse Aide’s Role</p> <ul style="list-style-type: none"> • Follow nursing care plan and as directed by nurse • Make sure signaling device is within reach and answer immediately • Place resident in area near nursing station for observation and monitoring • Assist residents in changing positions and provide comfort measures often 	
<p>(S-10) Creating an Environment for Restraint Elimination and/or Reduction – Nurse Aide’s Role</p> <ul style="list-style-type: none"> • Take resident on a walk • Let confused residents wander in designated safe areas • Give frequent help with toileting • Encourage independence with all tasks • Encourage participation in social activities 	
<p>(S-11) Creating an Environment for Restraint Elimination and/or Reduction – Nurse Aide’s Role</p> <ul style="list-style-type: none"> • Offer reading materials or read to resident, if needed • Offer backrubs • Promote uninterrupted sleep 	
<p>(S-12) Creating an Environment for Restraint Elimination and/or Reduction – Nurse Aide’s Role</p> <ul style="list-style-type: none"> • Use devices to position, support and protect the residents’ bodies • Offer frequent snacks or drinks • Redirect the resident’s interest • Reminisce with the resident • Involve family 	

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<p>(S-13) Creating an Environment for Restraint Elimination and/or Reduction – Nurse Aide’s Role</p> <ul style="list-style-type: none"> • Use soothing music • Report any complaints of pain to the nurse • Bed or body alarms • Floor cushions next to bed 	
<p>(S-14) Definition of Physical Restraint (or Protective Device)</p> <ul style="list-style-type: none"> • As a review, any physical or mechanical device, material or equipment which restricts freedom of movement or normal access to one’s body 	
<p>TEACHING TIP #1K: Physical Restraints</p> <p>Pass around various restraints when each example is mentioned</p>	
<p>(S-15) Soft Limb Ties/Wrist Restraints</p> <ul style="list-style-type: none"> • Used to keep a limb immobilized • Limit arm movement 	
<p>(S-16) Vest Support or Crossover Jacket</p> <ul style="list-style-type: none"> • Put on like a jacket to provide support in a wheelchair and limit mobility of upper body in bed 	
<p>(S-17) Seat Belt</p> <ul style="list-style-type: none"> • A belt around a resident’s waist to prevent falls from a wheelchair 	
<p>(S-18) Soft Cloth Mittens</p> <ul style="list-style-type: none"> • A mitt that limits mobility of hands and use of fingers • Frequently used for residents who could harm themselves by pulling at tubing, removing dressings, touching incisions or scratching a wound 	
<p>(S-19) Appropriate Use of Restraints – Importance</p> <ul style="list-style-type: none"> • Used to protect resident during treatment • Used to keep resident from injuring self or others • NOT USED FOR CONVENIENCE OF THE STAFF 	
<p>(S-20) Appropriate Use of Restraints – When to Use</p> <ul style="list-style-type: none"> • A doctor’s order is needed for restraint use • As directed by the nurse 	
<p>(S-21) Criteria for Appropriate Use of Restraints</p> <ul style="list-style-type: none"> • Temporary (ongoing evaluation with goal of using less restrictive measures) • Evidence of use of less restrictive measures were ineffective • Consent by resident or legal representative • Medically justified with a medical order 	
<p>(S-22) Appropriate Use of Restraints – Role of Nurse Aide</p> <ul style="list-style-type: none"> • Approach resident in calm manner • Explain to resident who you are and what you are going to do • Residents should never be restrained in chairs without wheels • When restraining resident in a chair, tie restraint under the chair and out of reach of the resident 	

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<p>(S-23) Appropriate Use of Restraints – Role of Nurse Aide</p> <ul style="list-style-type: none"> • Pad bony prominences under the device to reduce pressure and prevent trauma • Provide for hydration, toileting, and personal care needs • Observe and determine resident comfort and alignment • Always make sure the resident can reach and use signaling device • Apply a restraint only after being instructed about its proper use and follow manufacturer’s instructions as directed by nurse 	
<p>(S-24) Appropriate Use of Restraints – Role of Nurse Aide</p> <ul style="list-style-type: none"> • Never tie restraints to side rails or part of bed that would cause tightening when position of the head or foot of bed is changed 	
<p>(S-25) Appropriate Use of Restraints – Role of Nurse Aide</p> <ul style="list-style-type: none"> • Resident who requires restraints must be observed at least once every 15 minutes or more often as required by care plan • Restraints must be removed, resident repositioned, and basic needs met for 15 minutes at least every 2 hours. • IMPORTANT ROLE OF THE NURSE AIDE 	
<p>(S-27) Appropriate Use of Restraints – Role of Nurse Aide</p> <ul style="list-style-type: none"> • A flat hand should be able to slide between the person’s body and the restraint 	
<p>(S-28) Appropriate Use of Restraints – Role of Nurse Aide</p> <ul style="list-style-type: none"> • One or two fingers should be able to slide under a wrist and mitt restraint 	
<p>(S-29) Appropriate Use of Restraints – Role of Nurse Aide</p> <ul style="list-style-type: none"> • Always leave 1 to 2 inches of slack in the straps to allow movement of the body part 	
<p>(S-30) Appropriate Use of Restraints – Points to Remember</p> <ul style="list-style-type: none"> • Address meaning behind the behavior when selecting a restraint alternative • No one likes to be confined or restrained • Restraints should be used as a last resort to protect the welfare and safety of the resident or to protect others 	
<p>(S-31) Appropriate Use of Restraints – Points to Remember</p> <ul style="list-style-type: none"> • Use of a restraint takes away a resident’s right to freedom and violates his or her right to be treated with respect and dignity • Residents have the right not to have body movements restricted • Use of unnecessary restraints is considered false imprisonment (unlawful restraint or restriction of resident’s freedom of movement) • Studies have shown that restraints are not truly needed 	
<p>(S-32) Appropriate Use of Restraints – Points to Remember</p> <ul style="list-style-type: none"> • Physical restraints do not have to be made of belts or buckles. The following are considered to be restraints: <ul style="list-style-type: none"> ○ Side rails that keep a resident from getting out of bed on their own 	

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<ul style="list-style-type: none"> ○ Tucking in or using Velcro® to hold a sheet, fabric or clothing tightly so that a resident’s movement is restricted ○ Using trays, tables, bars or belts with a chair that the resident cannot easily remove or prevents the resident from rising ○ Placing a chair or bed so close to a wall that the wall prevents the resident from rising out of the chair or getting out of the bed on their own. 	
<p>(S-33) Creating an Environment for Restraint Elimination, Reduction, Appropriate Use</p> <ul style="list-style-type: none"> ● The least restrictive restraint method should be used ● Address the meaning behind the behavior when selecting a restraint alternative ● Emphasize importance of proper placement, checking resident every 15 minutes, restraint removal, release, exercise at least every 2 hours ● Remind students that the following may become a restraint under certain circumstances. <ul style="list-style-type: none"> ○ Over-bed table placed across a resident who is sitting in a wheelchair ○ Side rails up on residents bed without doctor’s order ○ Sheets placed around a resident sitting in a chair ○ Geri-chair 	
(S-34) THE END	
<p>TEACHING TIP #2K: Emphasize Alternatives</p> <p>Strongly emphasize alternatives to restraints even though the student should know the proper application of restraints when ordered by a physician</p> <p>TEACHING TIP #3K: Restraint Scenarios</p> <p>Seat a student volunteer in a geri-chair or position in the bed and apply wrist restraints. Verbally and/or physically run through a variety of scenarios that the restrained student cannot possibly do:</p> <ul style="list-style-type: none"> ● Answer a ringing phone ● Checking a text message ● Needing to scratch an itchy nose ● No eyeglasses when legally blind without them ● Thirst ● Responding to a fire alarm. <p>Ask students:</p> <ul style="list-style-type: none"> ● How would you feel in each of the scenarios that I listed? <p>You may want to do other scenarios or even role-play activities with</p>	

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restraints. <i>Please insure that you always get a student’s verbal consent before applying restraints that restrict movement.</i>	