



FAST FACTS: Physical Restraints

Advancing Excellence in America's Nursing Homes is a national campaign to improve the quality of care and life for the country's 1.5 million people receiving care in nursing homes. Nursing homes, their staff and consumers can join this effort by working on the campaign goals, designed to improve quality. This consumer fact sheet provides information on how to avoid the use of physical restraints, which can be harmful to residents.

What is a physical restraint?

A physical restraint is anything that keeps residents from moving around or getting to a part of the body. Residents can't remove restraints easily. Examples include vest and waist restraints, chairs and foam pillows that prevent getting up, bed rails and hand mitts.

What do residents and families need to know?

- Good care avoids the use of restraints.
- Residents, family members or guardians should help plan care to avoid restraints.
- In most cases, restraints should not be used to keep residents from wandering.
- Family and guardians don't have the right to force nursing homes to restrain a relative.
- Restraints can be harmful if used inappropriately.

Why can restraint use be harmful?

- Restraining residents for long periods can lead to poor circulation, constipation, incontinence, weak muscles and bones, pressure sores, poor appetite and infections.
- Restrained residents enjoy life less. Restraints can cause agitation, less ability to do daily activities, less social contact, withdrawal, depression and poor sleep. Injury or death can occur from strangulation on a restraint.

What does a restraint mean to a resident?

Many restrained residents feel like they are being punished. Imagine being in a chair with a tray table that prevents you from rising. You cannot move or stand by yourself, or independently get a drink of water, lie down, or get to the bathroom.

Who is most likely to be restrained?

- Frail residents who have fallen or are unsteady on their feet.
- Residents living with dementia who wander or walk unsafely.
- Residents with very distressed behavior who seem to frighten others.
- Agitated residents who are a danger to themselves or others.

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What is good care for residents without restraints?

For unsteady residents and those who wander unsafely, good care is:

- Having daily care that moves all joints and includes walking with certified nursing assistants.
- Providing safe and pleasant indoor and outdoor walking paths with places to sit.
- Reducing the use of wheelchairs except for transportation.
- Knowing the resident well enough to provide fluids, food, toileting, rest, pain treatment, company and activity without being asked.
- Decreasing the number of medications that cause a resident to walk unsteadily.
- Putting barriers in front of other residents' rooms who do not like wandering visitors.
- Engaging residents in activities based on their past interests and career. Busy residents don't wander and disturb other residents. Some residents need night activities.
- Using low beds so residents can get out of them safely.
- Decreasing noise especially at night. Lack of sleep causes distress.
- Inviting the local Alzheimer's Association in to speak so others can better understand residents with dementia. This helps make their behaviors seem less unusual and threatening.

For residents who are distressed and frighten others, good care is:

- Having staff who understand that some mental and physical conditions, including pain, are so severe that residents may act very distressed.
- Having staff who find and treat the cause of the distress such as infection or pain. These conditions can cause delirium, which can be life threatening.
- Having staff who weigh whether restraints should be used. During a medical emergency, restraints may be an option. However, staff must get an order from the resident's doctor and notify the family or guardians of the situation as soon as possible.
- Carrying out a plan for removing the restraints as soon as possible.

How can residents and family help plan care to avoid or reduce restraint use?

- Ask about and attend care plan meetings.
- Share with staff what things make a good day for residents.
- Share with staff things that upset residents like early awakening, hunger, thirst or pain.
- Work with staff to plan care that keeps residents strong, busy and able to move around the home safely.
- Ask to have the same caregivers four days out of five. Residents are calmer with the same caregiver (see Consistent Assignment Fact Sheet).

Whom should residents and family ask about reducing restraint use?

- If only you or a few residents are restrained, ask the charge nurse (a licensed practical nurse or a registered nurse) on the unit for a care planning meeting to discuss reducing restraint use.
- If the nursing home uses many restraints, suggest to the director of nursing or assistant director of nursing that they join the Advancing Excellence Campaign.
- Find help to reduce restraint use gradually throughout the nursing home at <http://www.nhqualitycampaign.org>.
- Go to the [Nursing Home Compare](http://www.medicare.gov/nhcompare) Web site (<http://www.medicare.gov/nhcompare>) to find out how many residents in your nursing home were restrained.