

Ministry of Health  
Al Ahmadi region  
Al Adan Hospital  
**Title : Restraint Policy**

**Restraint Alternatives ( Appendix-1)**

Presenting Problem	Alternative Suggestions
<p><b>1. Fall Prevention</b></p> <p><i>Assess for risk factors for fall such as altered mental status, weakness, altered urinary elimination, impaired mobility gait, benzodiazepine etc</i></p>	<ul style="list-style-type: none"> <li>➤ Family supervision and or sitter arranged with family</li> <li>➤ Monitor mental status</li> <li>➤ Medication review</li> <li>➤ Call bell demonstration</li> <li>➤ Walking aids easily available</li> <li>➤ Adequate lightening</li> <li>➤ Involve family in planning care</li> <li>➤ Room close to the nurses station</li> <li>➤ Identify the patient with yellow sticker</li> <li>➤ Put bed rails up</li> <li>➤ Keep the bed at the lowest position</li> <li>➤ Have patient wear non slip socks or shoes if possible</li> <li>➤ Request evaluation by physiotherapist to address mobility defects</li> </ul>
<p><b>2. Confusion</b></p>	<ul style="list-style-type: none"> <li>➤ Assess the underlying cause</li> <li>➤ Assess for pain</li> <li>➤ Medication review and pain relief measures</li> <li>➤ Gentle touch</li> <li>➤ Redirect with simple commands</li> <li>➤ Involve family in the planning care</li> </ul>
<p><b>3. Cognitive impairment</b></p> <p><i>Assess for early signs of escalating behavior ( e.g. agitation, anger )</i></p> <p><i>Assess the underlying cause physical illness, medication toxicity, electrolytic imbalances</i></p>	<ul style="list-style-type: none"> <li>➤ Assess and treat underlying cause</li> <li>➤ Readjust medication dose</li> <li>➤ Review lab work</li> <li>➤ Encourage the family involvement</li> <li>➤ Reduce environmental stimuli e.g. noise</li> <li>➤ Move the patient to quieter area if possible</li> <li>➤ Offer reassurance / support when patient in control</li> </ul>
<p><b>4. Preventing removal of tubes/ invasives</b></p>	<p><i>IV therapy</i></p>



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	<ul style="list-style-type: none"><li>➤ Assess whether the therapy is absolutely required</li><li>➤ Convert IV to heplock</li><li>➤ IV stand and bag out of the patient's sight behind the bed</li><li>➤ Substitute per oral or I.M injections</li></ul> <p><u>Urinary catheter</u></p> <ul style="list-style-type: none"><li>➤ Have patient wear underwear / diaper or pants to cover the catheter</li><li>➤ Place the catheter tubing between the patient's leg and drainage bag at the foot of the bed. Drainage bag should be hang by the bed</li></ul> <p><u>Naso-gastric tube</u></p> <ul style="list-style-type: none"><li>➤ Check nares for break down</li><li>➤ Change to smaller tubes if applicable</li><li>➤ If restraint necessary start with least restrictive restraints : mitts</li></ul> <p><u>Gastrostomy tube</u></p> <ul style="list-style-type: none"><li>➤ Cover insertion site with a loose abdominal binder so that they could not see</li></ul> <p><u>Oxygen tubings</u></p> <ul style="list-style-type: none"><li>➤ Check o2 saturation discuss with physician</li><li>➤ Tape the cannula in place</li><li>➤ Hand control mitts if necessary</li></ul> <p><u>Endotracheal tubings</u></p> <ul style="list-style-type: none"><li>➤ Determine underlying cause of behavior for appropriate medical and or pharmacological approach</li><li>➤ Appropriate sedation and analgesic protocol</li><li>➤ Hand control mitts if necessary</li></ul>
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