Using and applying wrist restraints

Today we're going to do a demonstration on using and applying wrist restraints. Before we ever apply any restraint to a patient, we want to make sure we've provided a least restrictive environment. So before you come into lab, I want you to understand and know what is a least restrictive environment.

In our scenario, Mr. George has a critical IV that was in his right arm, receiving medications that he needs for his care. He also has a trach. In the last eight hours on my shift, he's pulled out his IV three times and his trach once. So it is important that he have his IV placed back in his arm, and that his trach stay in.

So what I've done up to this point is provided a least restrictive environment. I've documented everything I've done in the last eight hours to provide that least restrictive environment. I've provided many diversional activities.

I've taken him out to the nurses station. I've had him watch some TV. I've reoriented him frequently. He is an artist, so he loves to draw. I got him paper, colored pencils, crayons, things like that to work with. However, he continued to keep pulling out his IV, as well as his trach.

I went ahead and contacted the physician, who gave me an order for wrist restraints. Before you ever apply wrist restraints, please review your facility policy and procedure on wrist restraints, so that you know what has to be done to provide a least restrictive environment. What do you have to do to obtain a physician order? When does that position need to come in and sign that order and assess that patient?

How often do you need to document and do restraint release, et cetera. We'll talk more about that when we come into lab. That provides you the information you need for this scenario, so we're going to go ahead and get started.
Knock, knock. Good evening. It's Jennifer, your nurse again. So Mr. George, you've pulled out your IV a couple times, as well as your trach, and I'm concerned. You really need that IV in your arm, and obviously you need that trach for your airway.

I went ahead and talked to your physician, and she went ahead and gave me an order to apply what we call a wrist restraint. Do you have any questions so far? OK. So I'm performing hand hygiene.

Can you tell me your name and your date of birth? OK, great. Thanks, Mr. George. I'm going to go ahead and I'm going to raise up the bed to a comfortable working height.

So Mr. George, again, I received an order from your physician, because you've been pulling out that IV and your trach and we're concerned that you need those. And so what I want to do is apply what we call wrist restraints. So this is actually a wrist restraint. It's made of a soft material. I'd like you to go ahead and just kind of touch the material and see how it is. It's soft. It's foam.

This is one of the different types of restraint that we have available. It's going to go on your wrist, kind of like a bracelet or a wrist watch. And what it's going to do is allow you enough freedom of movement that you can reach your call bell. You can change your channels on the TV, and do all of those types of things, but it's going to prevent you from pulling out your IV and pulling out your trach. OK? Do you have any other questions? All right.

So when we apply a wrist restraint to a patient, I'm going to show you, and hopefully you can see. We're going to zoom in so that you can see it. Prior to placing the restraint on, we need to do an assessment, what we call a CMS check. The side rail is up over there for safety. I'm on this side, so I'm going to go ahead and I'm going to lower this side rail so I don't hurt my back.

A CMS check stands for Circulation, Motor, and Sensory. So I want to make sure before I apply this restraint that I have good circulation. I've checked my cap refill. It's less than two seconds. Fingers are nice and warm.
Mr. George, can you go ahead and wiggle your fingers for me? OK, great. Can you feel me touching your fingers? OK. So I've done my CMS check, Circulation, Motor, and Sensory.

I want to make sure there's nothing in the way before I apply the wrist restraints. He does have an allergy band, but it's well above where the restraint is going to go. Now when I apply the restraint, again, I'm going to apply it like a wrist watch. It does have what we call a D-ring. And so the D-ring is going to go on the outside of the patient.

So we're going to go ahead. Mr. Jones, I'm going to put this restraint on, and I just want you to let me know if you're having any discomfort. It has Velcro on it, so you're just going to, based on the patient's arm, you going to wrap that Velcro around. And you are going to go ahead and you're going to bring the strap back underneath around the patient. OK.

Now I'm going to go ahead and I want to make sure I have two finger breadths that I can fit underneath this wrist restraint. I want at least two finger breadths. And I want to go ahead and reassess my CMS. Good.

My cap refill's still good. My fingers are nice and warm. Can you move your fingers for me? And can you feel me touching them? Excellent.

So now we're going to go ahead and we're going to tie the restraint. So to tie a restraint, we need to tie what is called a quick release knot. First, we need to bring our strap through the D-ring. So we're going to go ahead and we're going to fold this over and make a loop. I'm going to bring this through the D-ring so I've got the little loop up through there.

I'm then going to bring the tail end of my restraint through the hole, and just pull it tightly so I have a nice knot right here. This will create-- if the patient pulls and tugs, the restraint will not cinch down onto the patient's wrist. That is why we want to make sure we make first a nice knot in the D-ring itself.
Now we need to tie our restraint to the bed frame. So for purposes of this video I'm going to go ahead and I'm going to show you where the restraint needs to go. So I'm going to bend down here, Mr. Jones, and I'm going to move the mattress out of the way so you guys can see.

You have your bed frame, and what you never want to do is attach the restraint strap to any movable part of the bed frame. So where the bed raises and lowers the head or the foot, you don't want to attach it there. You never also want to attach it to a side rail.

There's actually a hole right here. Some bed frames will actually have slats or holes, and that's where we want to go ahead and put our strap through. Again, our goal is to give him enough slack so that he can reach his call bell and have some freedom of movement. We just don't want to have enough movement that he can pull out his trach or his IV. So we want to give him some slack.

So I'm going to go ahead and I'm going to just simply thread my restraint strap through the hole that's located on the bed frame. Again, give him a little bit of slack. You don't want him like this, strapped down. So give him some slack. OK.

To tie a quick release knot, I'm going to show you how we're going to do it. The purpose of a quick release knot is that it will tie down so the patient cannot reach whatever we're trying to prevent them from reaching, so in this case, his IV and his trach. However, if there's an emergent situation, I can come into the room and I can release the knot very quickly without having to pull and tug. And I will show you that once we tie it.

So to tie the quick release knot, I'm going to move the sheet out of the way so you can see. You're going to slide your hand behind the strap. You're going to bring the tail end up, and you're going to pull it through so that you have a small loop like this. You're going to grab the other end of the strap again and bring it through that loop. The only thing you should be holding on to it at that point is this loop.

You then want to go ahead and pull up towards the patient and pull your loop at the same time, tightening your strap, your release strap. Again, you want to see if the patient has enough movement to reach their call bell, but he's not going to get over and be able to reach his trach or his IV. So you'll notice this is what we call a quick release knot. So if there were an emergent
situation, I would come in the room and all I would have to do is this, pull it out of here, and I can get my patient free.

What I want you to know as well when you come into lab are what are some potential dangers with patients in restraints. That's why we have to have a quick release. So I'm going to tie this one more time. My hand goes back through. I pull up the tail end of the strap, making a small loop. I pull it up through again, and tighten, pulling in opposite directions. So if my patient were to tug, he's not going to be able to release this knot. OK.

Now I'm going to come back up. I'm going to again make sure I've got two finger breadths. I'm going to do a CMS check again. Circulation. good cap refill. Can you move your fingers? Good motor. And can you feel me touching your fingers? Good sensory.

I am going to do an assessment on my restraint doing CMS checks about every two hours or per facility policy and procedure. You're going to have documentation that you need to do every two hours that's going to include several things. About every 30 minutes, Mr. Jones, I'm going to come into the room and I'm going to offer you fluids if you can't reach your water. I'm going to make sure if you need to go to the bathroom we will get you to the bathroom as well.

So I would go ahead and I would put up this side rail. I would go around to the other side of the patient and I would apply a wrist restraint to the other arm if needed as well. I would do the exact same procedure on his right arm. Once I'm done, I would go ahead and make sure both side rails are up, lower my bed to the low and locked position, make sure his call bell is within reach.

Mr. Jones, is there anything else I can get for you right now? Are you comfortable? Is anything too tight? OK. Excellent. I would perform hand hygiene.

And I would do my documentation. My documentation is going to include all the least restrictive environment things that I have done prior to the application of the restraint. My notification to the physician, the order that I received from the physician, my assessment prior to the application of the restraint, after the restraint so my CMS checks, the education I provided the patient, and the patient's tolerance to the procedure. That concludes our video on using and applying--