DEMENTIA HAND AND FOOT RESTRAINTS

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OWNER'S MANUAL

DEMENTIA HAND AND FOOT RESTRAINTS

WHAT'S INCLUDED

- 2x Hand Restraints
- 2x Foot Restraints

CLINICAL GUIDELINES: SAFE USE OF ELDERLY HAND AND FOOT RESTRAINTS FOR PATIENTS

WARNINGS ⚠

- NEVER apply the restraints without proper orders from an overseeing physician
- NEVER apply restraints as punishment or for staff convenience
- NEVER restrain a patient face-down
- DO NOT restrict breathing or circulation
- DO NOT leave restrained patients unattended
- DO NOT modify or alter approved restraint devices
- DO NOT use restraints without valid physician order
- IMMEDIATELY remove if signs of injury, circulation problems, or respiratory distress
- Restraints must only be used under direct physician order
- Use only as a last resort when alternative measures have failed
- Required for patient safety only, never for staff convenience
- Must be documented in patient's medical record

CLINICAL INDICATIONS

Clinical indications to use restraints on a patient include situations where a patient poses an immediate danger to themselves or others due to behaviors like agitation, combativeness, violent tendencies, wandering, or attempts to remove medical devices, and when less restrictive interventions have failed to manage the situation; this typically requires a thorough assessment to determine if restraint use is necessary and appropriate.

Key situations where restraints might be used:

- **Imminent self-harm:**
  When a patient is actively trying to harm themselves, like pulling out catheters or tubes, hitting their head, or attempting to jump out of bed.
- **Risk of harm to others:**
  If a patient is aggressive, combative, or poses a threat to staff or other patients.
- **Severe confusion or disorientation:**
  When a patient is wandering due to cognitive impairment and is at risk of getting lost or injured.
- **Post-surgical recovery with risk of disruption:**
  To prevent a patient from dislodging medical devices or tubes during immediate post-operative recovery.
- **Certain medical procedures:**
  In specific situations during procedures where movement could compromise patient safety.

Important considerations when using restraints:

- **Least restrictive approach:**
  Always attempt less restrictive interventions like verbal redirection, calming techniques, or environmental modifications before resorting to restraints.
- **Medical assessment:**
  A healthcare professional should thoroughly assess the patient's need for restraints and document the rationale.
- **Regular monitoring:**
  Closely monitor the patient while restrained, including their physical and psychological status, and remove restraints as soon as it is safe to do so.
- **Ethical considerations:**
  Restraints should never be used for punishment or convenience.

DURATION AND TIME LIMITATIONS

Initial Order Duration

- Initial physician order valid for maximum of 24 hours
- Must be renewed daily with fresh clinical assessment
- Written order required within 1 hour of emergency application

Required Monitoring Intervals

1. Every 15 Minutes (First Hour):

- Circulation checks
- Skin integrity
- Mental status
- Signs of distress

2. Every 2 Hours:

- Range of motion exercises
- Position changes
- Circulation assessment
- Skin inspection
- Hydration status
- Toileting needs

3. Every 4 Hours:

- Complete physical assessment
- Vital signs
- Documentation of continued need
- Attempt at restraint removal

Maximum Duration Guidelines

- Evaluate for removal every 4 hours minimum
- Reassess medical necessity every 24 hours
- Consider alternative measures every shift
- Document justification for continued use
- Remove at earliest possible opportunity

Extended Use Considerations

If restraints are needed beyond 24 hours:

- Full physician reassessment required
- Team conference recommended

- Family consultation
- Documentation of alternatives attempted
- Ethics consultation if beyond 72 hours
- Daily administrative review

Mandatory Break Periods

- Minimum 10 minutes every 2 hours
- Range of motion exercises required
- Skin care during breaks
- Repositioning as needed
- Assessment for potential discontinuation

ALTERNATIVE MEASURES TO CONSIDER

All of the following alternatives must be attempted and documented before considering restraints:

Environmental Modifications

1. Bed Position Adjustments

- Lower bed height to reduce fall risk
- Use adjustable-height beds
- Place mattress against wall when applicable
- Install bed exit alarms
- Use concave mattresses or nest beds
- Apply non-slip matting to bed surface

2. Room Modifications

- Improve lighting, especially at night
- Remove unnecessary equipment and obstacles

- Install handrails where needed
- Use night lights for better visibility
- Place familiar objects within view
- Ensure clear pathway to bathroom

EMERGENCY RELEASE PROCEDURE

In event of clinical emergency requiring expedited restraint removal:

1. **Utilize designated scissors to cut the restraints off the patient.**
2. **Immediate Release Required If:**
   - Signs of respiratory distress
   - Circulatory compromise
   - Skin breakdown
   - Extreme agitation
   - Medical emergency
   - Fire or facility emergency
3. **Emergency Release Steps:**
   - Call for assistance
   - Remove all restraints
   - Support limb during release
   - Assess for injuries
   - Document incident
   - Notify physician
   - Complete incident report

INTENDED PURPOSE

This manual provides guidance for healthcare professionals on the appropriate medical use of hand and foot restraints for elderly patients, emphasizing safety, dignity, and medical necessity.

APPLICATION PROCEDURE

1. **Pre-Application**
   - Verify physician order
   - Explain procedure to patient/family
   - Gather necessary equipment
   - Ensure two staff members present
   - Perform hand hygiene
2. **Hand/Foot Restraint Application**
   - Position patient's arm/leg at side, slightly away from body
   - Apply restraint with smooth side against skin

- Secure with the hook and loop strap.

- Ensure 2-finger space between restraint and skin
- Check circulation immediately
- Secure straps via the buckle, onto bed rail and adjust tightness.

- Elevate limb slightly if possible

3. Post-Application

- Document time of application

- Ensure call button within reach
- Position bedside items within reach
- Raise side rails as ordered
- Perform initial circulation check
- Document baseline skin condition

REQUIRED DOCUMENTATION OF APPLICATION

Every application must include:

1. Time and date of application
2. Type of restraint used
3. Clinical justification
4. Physician order verification
5. Patient/family education provided
6. Staff members involved
7. Initial skin/circulation assessment
8. Patient response
9. Scheduled reassessment times
10. Attempts at less restrictive alternatives

CONTRAINDICATIONS

Restraints are contraindicated when:

- Patient has severe osteoporosis
- Recent surgery/injury at restraint site
- Severe vascular conditions
- Patient can maintain safety without restraints
- Less restrictive alternatives are effective

NOTES

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HAVE MORE QUESTIONS?

Check out our list of Frequently Asked Questions at **vhealth.link/u39** for helpful answers.

And if that doesn't answer your question, our customer service team would love to help! Feel free to connect with them by phone, e-mail, or chat on our website

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