

#36 - APPLYING RESTRAINTS

(Partner Check-Off)

I acknowledge I have physically practiced and successfully learned the following skill(s):

Student: _____ Date: _____

	P1	P2	P3	Comments
1. Gathered necessary equipment and supplies.				
2. Performed hand hygiene.				
3. Provided for patient's privacy.				
4. Used calm approach, introduced self to patient, included both title and role.				
5. Verified health care provider orders, determined if signed consent was necessary.				
6. Identified patient using two identifiers, compared identifiers with information on patient's ID bracelet.				
7. Explained to patient and family purpose of restraint.				
8. Adjusted bed to proper height, lowered rail closest to nurse, ensured patient was comfortable and in the correct position.				
9. Inspected area to which restraint would be applied, noted tubes or devices, assessed patient's skin integrity, sensation, circulation, and ROM.				
10. Padded patient's skin and bony prominences that would be covered by the restraint.				
11. Applied proper size restraint, followed manufacturer's instructions: <ul style="list-style-type: none"> a. <i>Belt restraint</i>: helped patient to sitting position, applied belt over patient's clothing, smoothed out wrinkles, avoided applying too tight, ensured belt was not too tight. b. <i>Extremity restraint</i>: wrapped restraint with soft part around patient's skin, ensured restraint was not too tight. c. <i>Mitten restraint</i>: placed patient's hands in mitten, ensured restraint was not too tight. d. <i>Elbow restraint</i>: placed restraint so that elbow joint rested against padded area, ensured restraint was not too tight, hooked clip to upper end of sleeve of patient's gown. 				

- 12. Ensured straps were attached to stationary part of bed frame.
- 13. Secured the restraints with a quick-release tie, buckle, or adjustable seat.
- 14. Double-checked to make sure restraints were not too tight.
- 15. Removed restraints at appropriate intervals, assessed patient each time, assessed placement of the restraint, removed one restraint at a time or had staff assist when patient was violent or non-compliant.
- 16. Secured call light within reach, locked wheels of bed or chair, kept bed in lowest position, raised appropriate number of side rails.
- 17. Helped patient into comfortable position, placed personal items within reach.
- 18. Disposed of used supplies and equipment, left patient's room tidy.
- 19. Removed and disposed of gloves when worn, performed hand hygiene.
- 20. Documented and reported patient's response and outcomes, documented type of restraint, time applied, and reason for restraints.

S = Satisfactory **U** = Unsatisfactory **NP** = Not Performed *****=Must Perform to Pass

By signing below I acknowledge that I witnessed the skill performed and the student successfully passed the skill.

Practice 1: Evaluator: _____ Signature: _____

Practice 2: Evaluator: _____ Signature: _____

FINAL Student Evaluator: _____ Signature: _____

CHARTING CRITERIA: Document in nurse's notes what used and applied to which extremity or vest restraint applied. Instructions given to client or family regarding how often will be checked, released and repositioned. Documents circulation to restrained extremity (pulses, skin color, temperature, capillary refill), and respiratory rate, depth, skin color if in vest restraint. Documents call bell within reach. Includes time applied and reason for application and any safety precautions taken. Describe patient's response to use of restraints.

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