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## BACKGROUND AND PURPOSE

### Purpose:

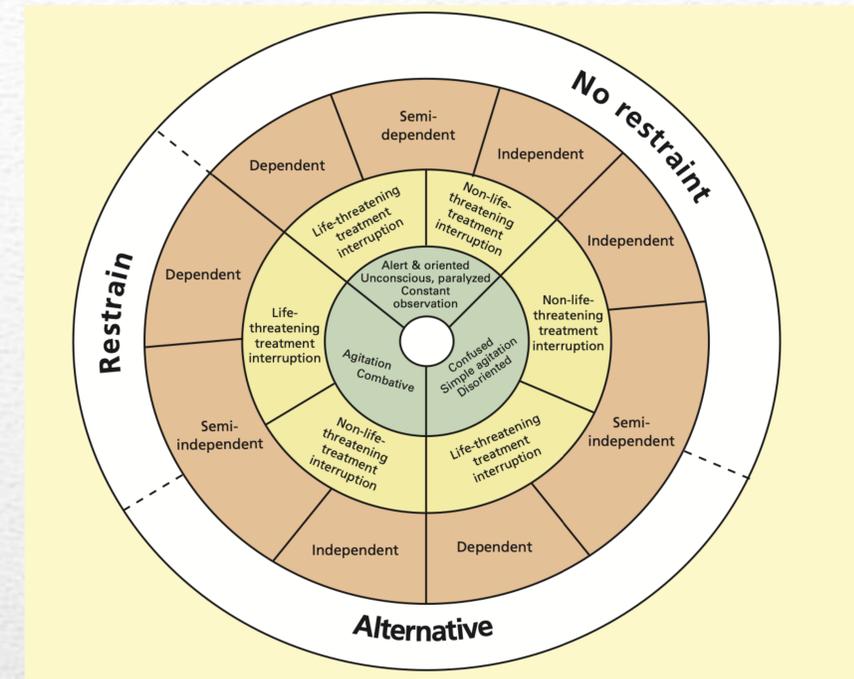
Nurses' attitudes and education level have a direct effect on the use of restraints in the critical care setting. Overall, the goal is to further educate nurses in hopes of decreasing the implementation of restraints in the intensive care unit.

### Background:

- Types of restraints: physical, chemical, environmental and seclusion (Kaya & Dogu, 2018)
- Restraints are widely used in critical care units
- Using restraints aids in the restriction of a part of a demented, agitated or confused patient's body to control/restrain the patient's physical movements in order to prevent the patient from harming and injuring himself, and to ensure safe treatment of the patient (Kaya & Dogu, 2018)
- Physical and psychological complications can arise for the patient
- Amount of education influences implementation of using restraints

## Results of Literature Review

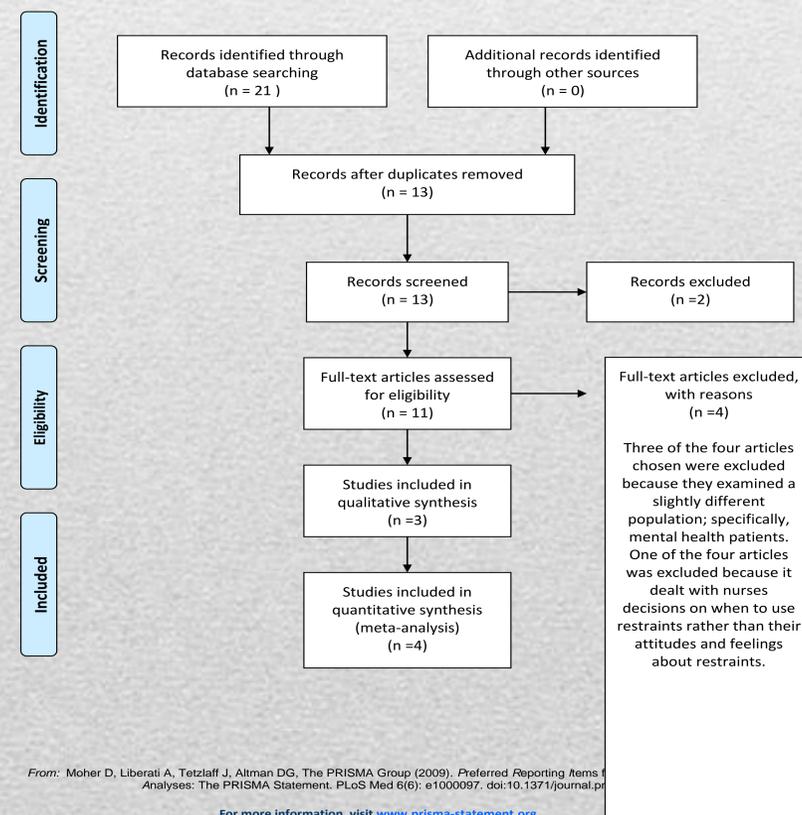
- Nurses working in intensive care units have a moderate level of information on the use of physical restraints, but they have insufficient information on the different forms used. (Kaya & Dogu, 2018)
- Educational intervention resulted in a significant increases in the knowledge and attitudes and a weaker intention towards using physical restraint in the hospital. (Eskandari et al., 2018)
- Those who worked in the critical care setting were more likely to have been taught how to properly use restraints (Stinson, 2016)
- "Nurses often underestimate the impact of restraints to the patient with a lack of education and available resources as two leading causes of non-adherence to the use of alternatives" (Schmidtke & Iverson, 2018)
- Using restraints (enclosure beds) make it more difficult for nurses to assess and provide interventions to patients who are restrained. (Kim et al., 2018)
- Nurses working in the ICU had a moderate level of information of the use of restraints, but they had insufficient information on the different forms of physical and chemical restraints that they could use (Hatice & Ozlem, 2018).
- Dolan & Dolan Looby (2017), stated that "nurses cited a broad range of therapies unique to the ICU environment that pose a threat to a patient's safety if interrupted. These life-saving therapies often trump a nurse's initial reluctance to use restraints" (p. 375).



(Hevener, Rickabaugh, & Marsh). (2016)

Decision Wheel which would be given to each nurse as a pocket card to aid in deciding whether or not to use restraints on their patient.

PRISMA 2009 Flow Diagram



From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *PLoS Med* 6(6): e1000097. doi:10.1371/journal.pmed.0060161  
 For more information, visit [www.prisma-statement.org](http://www.prisma-statement.org).

## PRACTICE GUIDELINES RECOMMENDATIONS

- Other alternatives include having family at the bedside, covering lines, providing diverging activities (Schmidtke & Iverson, 2018)
- A "pocket card" provided to nurses offers them education and information on quick access to alternative interventions. (Schmidtke & Iverson, 2018)
- Using a "Restraint Decision Wheel" can help nurses decide on which type of restraint or other least-restrictive measures first (Hevener, Rickabaugh, & Marsh, 2016).

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