Position Statement On The Use Of Restaint In Adult Critical Care Units

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Background and Introduction

- 3600 members
- BACCN members voiced concern over the increased use of physical restraints
- Conflicting practices on restaint
- Restraint in healthcare ~ chemical, psychological and physical restrint (USA, Australia and mainland Europe)

Methodology

- Databases
- USA and Australia ~ main body of evidence
- Membership involvement
- Formation of BACCN working party
- Body of work split into distinct areas

Legal and Ethical Considerations

Everybody has the right to be free from the use of unauthorised force to restrain their movements, unless they are subject to legal detention

(Human Rights Act, Article 5, 1998)

Legal and ethical contd…

Reasons for the use of restraint appropriate to critical care:-

- Non-compliance with treatment
- Self harm and risk of physical injury by accident

Mental Health Act 1983

Considerations for clinical practice

- Underlying illness and pathology
- Consent ~ working closely together, ongoing process
- ‘Reasonable person’ rule ~ Dimond 2002
- Seek legal advice

Professional Obligation

- Ensure patient freedom
- Dignity
- Autonomy
- Code of Conduct (NMC 2002)

- Balance risks and benefits
- Actions justified and for the purpose intended

USA Perspective

- Joint Commission on Accreditation of Healthcare Organisations

‘Clinically appropraite, adequately justified and used after all other non-restrictive and innovative alternatives have failed’

UK Perspective

- Lawfully reasonable to use reasonable force
  - ~ to prevent self-harm or risk of physical injury
  - ~ where staff are in immediate risk of physical injury
  - ~ to prevent dangerous, threatening or destructive behaviour
- Legal and Proportionate to the circumstance

Risk Management

- Limited evidence to support restraint in reducing patient self harm and injury (Kapp 1996, Martin 2002)
- Need to monitor and assess patient with restraints
- Prescribed device and need for policies
- Nurse patient ratios
- Risk assessment

Agitiation, Confusion and Delirium

- 80% Critical care patients
- ‘an acutely changing or fluctuating mental status, inattention, disorganised thinking and an altered level of consciousness that may or may not be accompanied by agitation’
- Often under recognised and under treated
- CAM-ICU (Truman and Ely 2003)
- Prevention is better than cure

Predisoposing factors

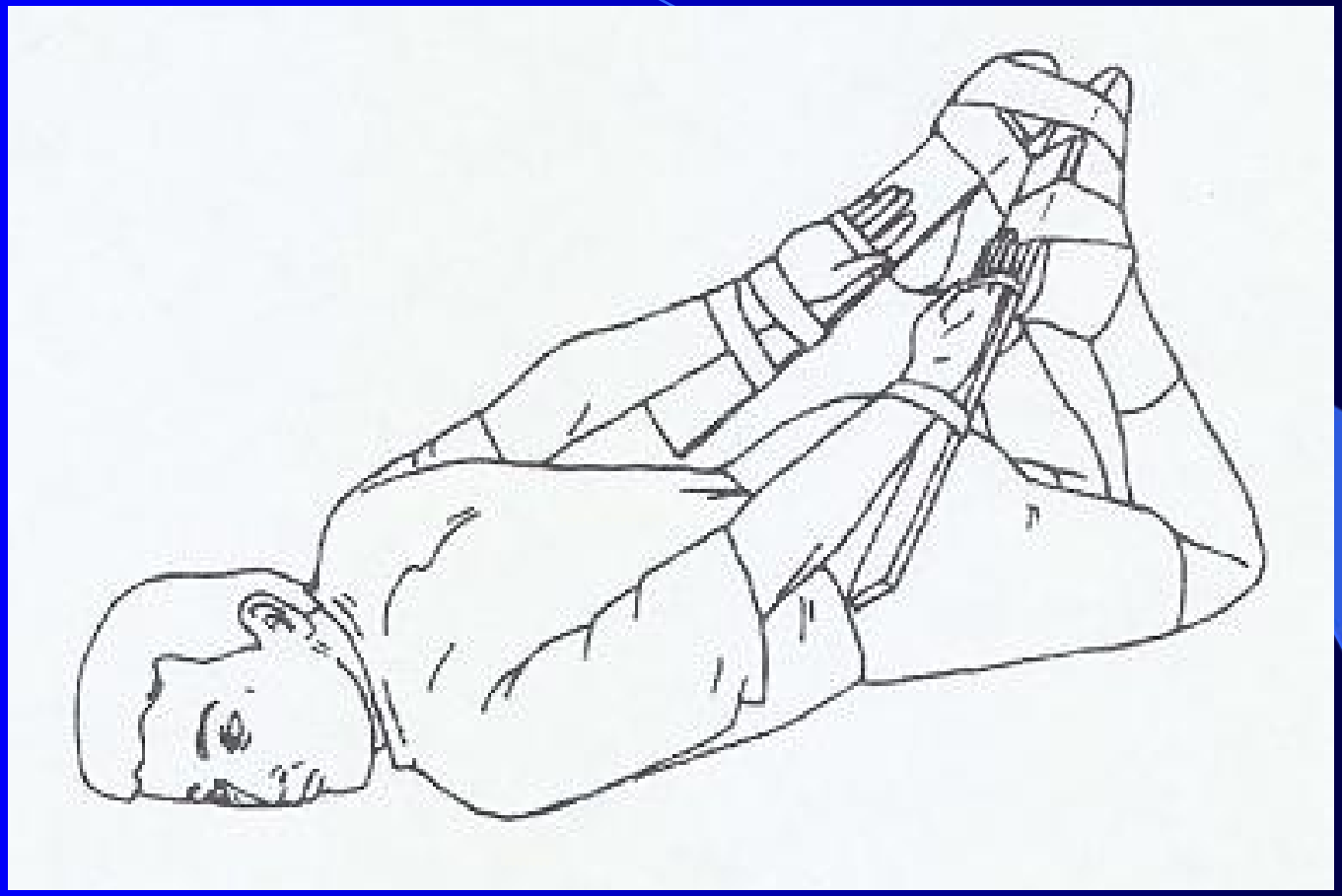
- Agitation (treatable causes) ~ pain, sleep deprivation, hypoxia, fear, myocardial ischaemia, altered cell metabolism
- Anxiety and stress are influenced by inability to communicate, unfamiliar surroundings, fequent procedures, loss of control over self-worth, noise, wake patterns
- Delirium ~ personality, age, emotional condition, sensory overload, withdrawal

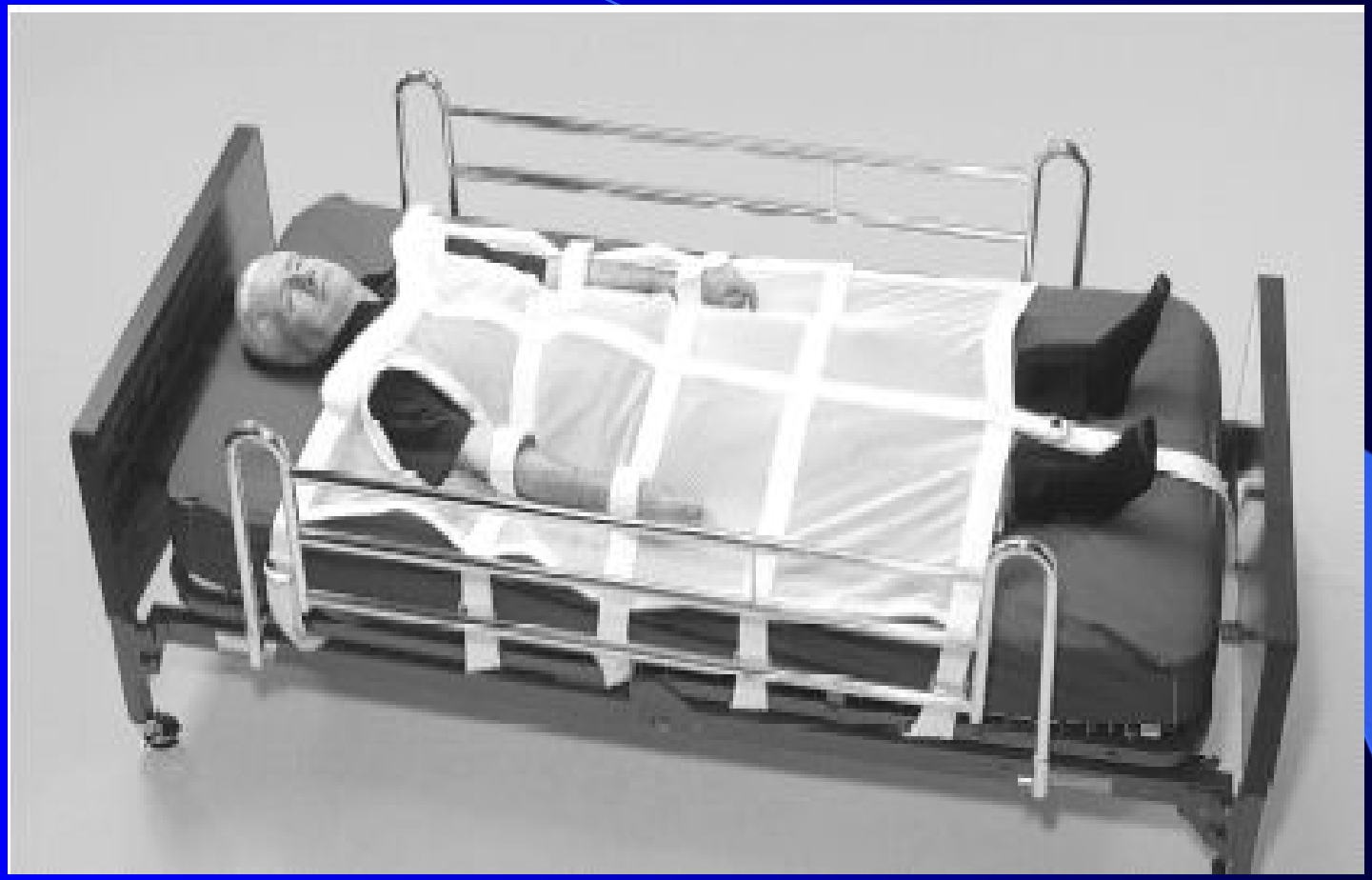
Alternative Therapies to Restraint

- Complementary therapy
- Massage
- Music therapy
- Acunpuncture
- Communication
- Therapeutic touch
- Relatives
- Melatonin

Chemical Restraint

- Sedation
- Hypnotics
- Opiates
- Benzodiazipines
- Neuromuscular blocking agents





Physical Restraint

- 7-17% patients physically restrained in acute and residential settings (Evans 2002)
- Associations with death (Miles and Irvine 1992, Milliken 1998)
- Harm: skin trauma, pressure sores, muscular atrophy, constipation, incontinence, contractures, depression, anger, decline in functional and cognitive state (RCN 2004)

Education and Training

Patinets rights and autonomy

Ethical aspects of restraining patients

Legal aspects

Impact and dangers

Restraint alternatives

Acknowledgements

- The BACCN would like to acknowledge the contribution made by all those involved in this Position Statement