

# Physical Restraint RAP: Critical Thinking Tip Sheet

## Establishing Need

Questions for determining whether a restraint is necessary:

- What is the medical symptom that requires the use of a restraint?
- How will the restraint improve the resident's life?
- What type(s) of restraint is used? Is it the least restrictive option?
- What time(s) of day is it used? Could this time be reduced with an alternative intervention?
- Where is the resident restrained (e.g., room, hallway, wheelchair)? Why in that location?
- How long is the resident restrained? Is increased activity provided to compensate for time of immobility?
- Under what circumstances is the resident restrained (e.g., when alone, when not in meals or activities)?
- Who suggested the resident be restrained and why?

## Conditions Associated with Restraint Use

### Behavioral symptoms

- Has the resident had a behavioral symptom in the past 7 days, or is he/she restrained to prevent a behavioral symptom? Review the Behavioral Symptom RAP.
- *Behavioral Symptom* = repetitive physical movement [E1n], any behavioral symptoms [E4], part of behavior management program [P1be, P2; from record]

### Risk of falls

- Is the resident at risk for falls? Review the Falls RAP.
- *Fall Risk* = dizziness [J1f], falls [J4a,b], antianxiety [O4b], antidepressant [O4c]

### Conditions and treatments

- If a tube/mechanical device is used, is it to treat a life-threatening condition?
- If the resident is reacting to the treatment device, why (e.g., is it causing discomfort or irritation, or providing something to fidget with)?
- If an indwelling or external catheter is present, review the Urinary Incontinence RAP for alternatives.
- If a feeding tube is present, review the Feeding Tube RAP.

### ADL self-performance

- Is the restraint use supportive and time-limited, enhancing the resident's ability to be more self-sufficient?

### Confounding problems to consider

- Delirium
- Impaired cognition
- Impaired communication
- Unmet psychosocial needs (e.g., lonely, bored, disruption of familiar routines)
- Sad or anxious mood
- Resistance to treatment, medication, nourishment
- Psychotropic drug side effects
- Effectiveness of current behavior management program(s) (i.e., does it address underlying cause of behavior?)

## Other Factors to Consider

### Resident's response to restraints

- Do negative side effects outweigh expected benefits?

### Alternatives to restraints

- What alternatives have been attempted and what was the resident's response? How recently have alternatives been attempted?

**Remember, keep asking WHY? WHY? WHY? And, what else could we try?  
Then DOCUMENT, DOCUMENT, DOCUMENT your critical thinking and reassess on a regular basis.**