

## BREAKING FREE FROM KNOTS: AN EVIDENCE-BASED APPROACH TO PHYSICAL RESTRAINT REDUCTION

Norlissa Cooper  
San Francisco General Hospital  
Norlissa.cooper@sfdph.org

The use of physical restraints in the acute care setting continues to be a controversial issue worldwide. Physical restraints have been linked to several unintended outcomes such as death (Khan,2008) , the development of pressure ulcers, patient deconditioning and increased delirium.(Quinn, 1994) Although there have been several research studies that address restraint reduction in acute care settings, very few speak directly to progressive care units. While there is no specific action plan that results in restraint reduction, literature suggest that an educational in-service can be instrumental in reducing restraint usage. (Huang et al., 2009)

The purpose of this project is to determine if a reduction in restraint usage is achievable in a population of adult patients admitted to a public hospital progressive care unit that accounts for the greatest prevalence of patients with traumatic brain injury and alcohol detoxification many of whom may be considered for physical restraints during hospitalization. CALNOC restraint prevalence on our progressive care unit has varied between 3.57% and 25.0% from Quarter 1 2008 through Quarter 4 2010 with an average of 11.82%.

An evidence-based practice in-service will be given to all nursing and unlicensed assistive personnel about appropriate indications, safe implementation and monitoring, and alternatives to physical restraints. As evidence by our CALNOC restraint prevalence survey there was a reduction in restraint usage from 11.5% to 8.5%.

Decreasing the number of patients restrained and the time spent in restraints will not only assist with improving the distribution of hospital resources (i.e. staff), but more importantly it can improve the safety and quality of care that patients receive.

## References

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