

RESTRAINT/BED RAIL ENTRAPMENT INFORMATION GUIDE

PATIENT/FAMILY INFORMATION SHEET

What is a “restraint”?

A restraint is any device that limits or restricts freedom of movement, physical activity or normal access to the body. The person is unable to remove the restraint. Even bed rails that are raised to prevent a patient from wandering may be considered a form of restraint.

When would restraints be used?

Safety and protection are primary issues in caring for your loved one. Restraints are ordered by the physician as a last resort and are only an option when a person is medically or mentally compromised and in a position to harm themselves or others.

What can be used in lieu of a restraint?

The health care team routinely assesses for alternative measures to the use of restraints. Some of the alternatives considered include the following:

- Availability of a family member/friend to sit with the patient.
- Maintaining a tranquil environment by speaking in a calm and understanding manner.
- Chair Alarm
- Bed Alarm
- Diversion or redirection
- Reorienting the patient to their surroundings
- Pain control

When will the restraint be removed?

Time of restraint removal depends on the reason for which the restraint was applied. Restraints are always removed as soon the patient is safe without the restraint. The restraint is regularly removed to offer exercise and movement and to check the condition of the skin.

What can I do?

In many cases, when a family member is available to sit and be with a patient, their presence alone has a calming effect on the patient. The presence of a family member is also helpful for keeping the patient aware of their surroundings. Offering reassurance that the restraint is temporary and applied to assure their protection is often comforting. In addition, family members can help by:

- Providing information to caregivers on a patient’s regular routine.
- Engaging the patient in pleasant activities such as reading or conversation.
- Providing access to treasured objects or pictures from the past.
- Providing the patient’s glasses or hearing aid.

What is bed rail entrapment?

Bed rail entrapment is a situation in which patients become caught or entangled in beds with rails. Most patients can be in bed safely without bed rails. Some considerations are:

- Use beds that can be raised and lowered close to the floor to accommodate both positions.
- Keep the bed in the lowest position with wheels locked.
- Use transfer or mobility aids.
- Monitor patients frequently and consider devices such as bed-exit alarms.
- Anticipate the reasons patients may get out of bed, such as to use the toilet, to get something to eat or drink, or to seek out assistance for pain relief. Meet these needs by offering to take the patient to the bathroom frequently, offering nourishment, providing calming interventions and pain relief, and closely monitoring the patient.

What are considerations when bed rails are used?

When bed rails are used, it is important to perform on-going assessments of the patient's status and closely monitor high-risk patients, such as those who are confused, restless, very frail, or are unable to move in bed independently. Some considerations include:

- Lower one or more sections of the bed rails, such as the foot rails.
- Use the appropriate size mattress for the bed frame to prevent patients from becoming trapped between the mattress and the rail.
- Reduce the gaps between mattresses and bed rails through the use of bed rail gap filler cushions.
- Educate patient and family regarding care options.

Speak with your health care team to determine whether or not bed rails are indicated for your loved one. In many cases, patients can sleep safely without the use of bed rails.

For more Patient Education Fact Sheets, see the Greenwich Hospital web site at www.greenhosp.org and click on Patient & Visitors, then Patient Education

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