To protect clients and to avoid legal problems, the nurse should follow these guidelines:

- Know the agency’s restraint policies. Policies should cover all types of physical and chemical restraints and specify how and when to apply them and what procedures to follow.
- When determining the need for a restraint, always assess the underlying reason for a client’s restlessness, agitation, or confusion.
- Apply restraints only when necessary for the client’s health and safety, not for convenience or to cope with understaffing.
- Avoid being influenced by a family member’s advice not to restrain the client, even when the person offers to sit with the client. Nurses cannot legally delegate responsibility to a family member.
- Try to obtain a physician’s order before applying a restraint. If the client needs to be restrained immediately, apply the restraint and then notify the physician as soon as possible. In many agencies, standing orders allow the use of restraints under certain circumstances, provided that a written order is obtained from the physician within 24 hours.
- Recognize the competent adult’s right to make decisions regarding personal care and treatment, and obtain appropriate consent. Check agency policies if necessary restraint is refused. An agency may require the client to sign a release of liability should injury result; otherwise, the agency has the option of refusing to continue care. For clients who are declared legally incompetent, obtain consent from an appointed guardian or surrogate as permitted under law.
- Keep in mind the principle of least restriction; that is, restrain the client only to the extent necessary to accomplish the restraint’s purpose.
- Make sure that a physical restraint fits properly.
- When a restraint is applied, document:
  a. The specific behavior that made it necessary
  b. The type of restraint used
  c. The substance of explanations given to the client and support persons
  d. The client’s consent
  e. The exact times the restraint was applied and removed
  f. The client’s behavior while the restraint was applied
  g. The frequency of care given while the restraint was applied and removed (e.g., assessment of circulation and range-of-motion exercises)
  h. Notification of the physician.
- Periodically reevaluate the need for the restraint.

Legal Implications of Restraints

Because restraints restrict a person’s ability to move freely, their use has legal implications. See Box 8-6 for the legal implications of using restraints.

Selecting a Restraint

Before selecting a restraint, nurses need to understand its purpose clearly and measure it against the following five criteria:

1. It restricts the client’s movement as little as possible. If a client needs to have one arm restrained, do not restrain the entire body.
2. It does not interfere with the client’s treatment or health problem. If a client has poor blood circulation to the hands, apply a restraint that will not aggravate that circulatory problem.
3. It is readily changeable. Restraints need to be changed frequently, especially if they become soiled. Keeping other guidelines in mind, choose a restraint that can be changed with minimal disturbance to the client.
4. It is safe for the particular client. Choose a restraint with which the client cannot self-inflict injury. For example, a physically active child could incur injury trying to climb out of a crib if one wrist is tied to the side of the crib. A jacket restraint would restrain the child more safely.
5. It is the least obvious to others. Both clients and visitors are often embarrassed by a restraint, even though they understand why it is being used. The less obvious the restraint, the more comfortable people feel.

Kinds of Restraints

There are several kinds of restraints (Figure 8–4). Among the most common are the jacket restraint, the belt restraint, the mitt or hand restraint, limb restraints, elbow restraints, and crib nets. Geri chairs and wheelchairs used to confine client activity can also be considered restraints. There are several types of vest restraints, but all are essentially sleeveless jackets (vests) with straps (tails) that can be tied to the bed frame under the mattress or to the legs of a chair (see Figures 8–4D and E). These body restraints are used to ensure the safety of confused or sedated clients in beds or wheelchairs. The Food and Drug Administration (FDA) advises that manufacturers place “front” and “back” labels on vest restraints. General guidelines for applying and monitoring restraints are presented in Box 8–7.

Belt or safety strap body restraints (see Figure 8–4B) are used to ensure the safety of all clients who are being...