

# PHYSICAL RESTRAINT TO PREVENT FALLS

Practice at risk of being overused, as indicated by: ANIMO, Italian Association of Hospital Medicine Nurses

The term "restraint" indicates limiting a patient's voluntary mobility. Physical restraint involves the use of instruments or devices (for example, a bed strap, restraint belt, bed rails...). It is considered pharmacological restraint if sedative medication is used.

In general, restraint in the hospital or assisted-living facilities is used to guarantee safety to the patient, other patients, visitors and personnel. It is used on the elderly at risk of falls, as well as persons with cognitive difficulties, aggression, psychomotor agitation, and mental illnesses. Here we only discuss the physical restraint used to prevent falls in the elderly. Such use is increasingly shown to not only be inappropriate, but also demeaning to the patient, as well as being dangerous and ineffective.

## LET'S UNDERSTAND WHY

Preventing falls is the main reason why restraint is used on the elderly. That said, the literature provides no scientific proof that physical restraint prevents falls in patients. A 2019 revision on clinical efficiency and guidelines regarding the use of physical restraint of elderly persons admitted into institutions remains uncertain due to the

lack of available valid research. In general, the elderly continue to fall independent of the use or non-use of physical restraint. Even the benefit of using restraint to control agitation in a patient is not confirmed in literature. On the contrary, means of mechanical restraint can cause negative physical consequences that may be serious (muscular weakness, disruption of circulation, incontinence...) and puts the person at risk of functional decline. Possible psychological damage should also be taken into consideration. In the admitted elderly patient, restraint may be the cause of more problems than it solves, with complications



that may be serious and even deadly. Instead, the conditions for which restraint is often requested require immediate attention and evaluation of the person. Using an interdisciplinary approach, and consulting with family members and caregivers about the habits and behaviour of the patient, should make it possible to anticipate, identify and address the problems as well as find a safe and good quality treatment.

## WHEN IT MAY BE ADVISABLE

Restraint should not be considered a therapeutic act, and therefore a requirement, but a welfare act for the safety of a person only if the necessary preconditions exist (art. 35 of the New Code of Conduct for Italian nurses). It must be considered as a last resort, applied in the least restrictive way possible and in proportion to the risk. It is necessary to obtain informed consent by the person or, if not possible, by the family members, and must be monitored and used for the least amount of time possible, with safe and efficient systems that reduce at-risk behaviours.

To learn more:

[www.altroconsumo.it/esami-inutili](http://www.altroconsumo.it/esami-inutili)

Project "Doing more does not mean doing better – Choosing Wisely Italy"

[www.slowmedicine.it](http://www.slowmedicine.it)

[www.choosingwiselyitaly.org](http://www.choosingwiselyitaly.org)

## THE ROLE OF FAMILY MEMBERS: ADVICE FROM ALTROCONSUMO



As far as measures of restraint, it is important to have broad agreement between family members and health personnel. A primary objective is surely to avoid any type of conflict, maintaining a relationship of reciprocal trust, attention and dialogue. The possible restraint of one's own family member must, however, always have very clear and mutually agreed reasons, including the estimated duration.

Good information about the admitted patient is important to put into action alternative preventative measures to restraint. It is therefore advisable to clearly and confidently describe the patient's habitual behaviours to the health personnel, trying not to omit anything: the habits, ways of communicating, likes, how pain is expressed, or needs.

There are ways to avoid falls, like non-slip footwear, leaning the bed against the wall, and putting the mattress on the ground. The main solution remains, however, the presence of someone next to the patient. It may therefore be important to have family members available to stay close to the person during his/her admission or hospitalization.