Physical Restraint in AZ Delta

azdelta

Uw ziekenhuis.

1 What is the aim of this leaflet?

Temporarily restricting a patient's freedom of movement is a consequential decision. This can be emotionally difficult for both the patient and the family. Through this leaflet, we would like to give you clear information about what restraint involves, when it is used, and how we handle it carefully within our hospital.

2 Our view of care:

We strive to maintain an environment in which restraint is avoided as much as possible. We are a low-restraint hospital. Restriction of freedom is never a standard measure, but a final step when other interventions are not sufficient to ensure the safety of the patient or his or her environment. Each application is critically evaluated and phased out as soon as possible.

3 What do we mean by restraint?

Restraint means that a patient's freedom of movement is temporarily restricted, with the aim of preventing harm to themselves or to other patients or hospital staff. This can be physical (such as with restraint straps or an enclosure bed) or chemical (by administering sedative medication). This brochure focuses on physical restraint.

4 When do we consider restraint?

We only apply restraint in situations where there is a real risk of physical injury, for example, in the case of:

- Aggressive or unpredictable behaviour
- Severe confusion or disorientation
- Risk of running away
- Risk of falling

Alternative measures are explored beforehand, such as environmental modifications, counselling, or adjusting medication.

5 Which measures do we use for “restraint”?

We will try other solutions first:

- We place the bed in the lowest position; the side rails remain down. This reduces the risk of serious injuries if the patient crawls over the edge and falls.
- We remove unnecessary stimuli from the room.
- The patient can be moved to a quiet room or a single room with a half door (if available on the ward).
- A wandering detection system can be deployed.
- We offer a structured daily routine with plenty of distractions.
- Infusions and probes are removed or shielded if possible.
- In case of restlessness, a one-piece pyjama can be used.

6 How does the decision to restrain take place?

- The patient's condition is assessed by the nursing team.
- The decision is made in consultation with the doctor and, if possible, with the patient or the patient's representative.
- In acute situations, restraint may be applied before the patient's representative is informed.
- Daily evaluations take place within the nursing team.
- The least intrusive measure is chosen, with consideration for the patient's comfort and dignity and taking into account the safety of the patient and his or her environment.
- Everything is accurately recorded in the patient's medical record.

7 How does the restraint take place?

When restraint is unavoidable, we ensure a careful and dignified approach:

- We pay extra attention to the patient's needs, such as comfort, hygiene and nutrition.
- Patients receive guidance and support tailored to their condition.
- The restraint is kept as short as possible and regularly reconsidered.
- The care team evaluates the situation several times a day.
- All observations and decisions are accurately recorded in the patient record.
- The patient's representative is informed as soon as possible. In acute situations, this may happen shortly after the procedure.

8 Which means of restraint are used?

Depending on the situation, different means can be used:

- **Lumbar belt in a chair:** prevents slumping while maintaining freedom of movement.
- **Wrist or ankle straps:** used to prevent medical devices (such as probes or catheters) from being removed.
- **Nursing blanket/sleeping bag:** a type of sleeping bag that accommodates mild restlessness without complete immobilisation.
- **Enclosure bed:** an enclosed bed with transparent side walls that prevents the patient from getting out of bed independently.
- **Combination restraint:** in exceptional cases, the wrists, ankles and pelvis are fixed at the same time. This is the most invasive form and is only applied when really necessary.
- **Chemical restraint:** sedative medication is only administered on prescription by a doctor.

9 What are the risks?

Although restraint is intended to ensure safety, side effects can occur, such as:

- Bedsores or bruises
- Muscle weakness
- Incontinence
- Increased restlessness or anxiety
- Cognitive decline
- Feelings of isolation or depression

That is why restraint is always applied with the greatest care and vigilance. The duration of its application is kept as short as possible.

10 Informed consent

As the patient's representative, you are informed, and there is consultation about the situation. Comments from the patient's representative are noted in the patient record along with the doctor's justification for applying the restraint measure nevertheless in the patient's interest.

11 Your role as a patient representative or carer?

Your involvement is of great value. You will be actively involved in decisions regarding restraint. **Do not hesitate to ask questions or share concerns with the nursing team.**

12 Visiting and proximity?

- Discuss visiting times with the nurse. Adjustments may be possible after consultation with the nurse to reassure the patient.
- Limit the number of visitors at a time to two people.
- Spread visiting times throughout the day.
- A short walk in the corridor is often possible after consultation.

13 Orientation and communication

- Bring recognisable photos or objects.
- Explain what you are doing before touching the patient.
- Regularly repeat where the patient is and why.
- Help with time orientation by identifying the time of day.
- Offer familiar media such as newspapers, radio or television.

14 Safety and comfort

- Provide the patient with sturdy, closed-toe shoes.
- Keep the room safe: bed low, call system within reach, no sharp or hot objects.
- Bring the patient's personal walking aids to the hospital.
- During visits, we can temporarily remove restraint materials in consultation. Always notify the nurse when leaving the room so that we can reapply restraint measures.
- Check that glasses and hearing aids are present.

15 Questions?

If you still have any questions, please contact the nurse or the attending physician or Wim Denolf (AZ Delta Restraint expert) via fixatie@azdelta.be

Notes

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0520 6536-EN **This brochure is revised on 01/10/2025**