

child; parental or staff supervision of the child; or adequate protection of a vulnerable site, such as an infusion device.

The nurse needs to assess the child's development, mental status, potential to hurt others or self, and safety. The nurse is responsible for selecting the least restrictive type of restraint. Using less restrictive restraints is often possible by gaining the cooperation of the child and parents. Examples of less restrictive restraints are provided in [Table 20-4](#). An order must be obtained as soon as possible (during application or within a few minutes) after the initiation of restraints and specify the time frame they can be used, the reason they are being used, and reasons for discontinuation. Discontinuation of restraints should occur as soon as safe, even if the order time frame has not expired.

TABLE 20-4

Restraining Children: Less Restrictive to More Restrictive Techniques

Technique or Device	Less Restrictive to More Restrictive						
Extremities							
Sleeves		X					
Hand mitts, mittens		X					
Stockinette			X				
Elbows (no-no's)				X			
Arm board					X		
One or two limbs						X	
Three or four limbs							X
Chest and Body							
Belts, safety belts	X						
Posey vest, safety jacket				X			
Mummy restraint							X
Papoose board							X
Environment							
Side rails			X				
Crib tops			X				
Seclusion							X
Other							
Chemical						X	

Adapted from Selekman J, Snyder B: Uses of and alternatives to restraints in pediatric settings, *AACN Clin Issues* 7(4):603–610, 1996.

Restraints for violent, self-destructive behavior are limited to situations with a significant risk of patients physically harming themselves or others because of behavioral reasons and when nonphysical interventions are not effective. Before initiating a