

The Centers for Medicare and Medicaid Services have established regulations to minimize the use and ensure safety of patients in restraints. [Centers for Medicare and Medicaid Services \(2013\)](#) defines restraint as “any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely...or a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.” The physical force may be human, mechanical devices, or a combination of the two. Examples of restraints include limb restraints, elbow restraints, vest restraints, and tight tucking of sheets to prevent movement in bed.

The use of mechanical supports such as immobilizers for fractures, orthopedic devices to maintain proper body alignment, leg braces, protective helmets, and surgical dressings are not considered restraints. An armboard to secure a peripheral intravenous (PIV) line is not considered a restraint, unless it is pinned to the bed or immobilizes the entire limb. Hand mitts are not considered a restraint, unless pinned to the bed or used in conjunction with a wrist restraint. Developmentally age-appropriate safety interventions for infants, toddlers, and preschoolers (such as net enclosures on beds, crib domes, crib side rails, and high chair lap safety belts) are generally not considered a restraint. Picking up, redirecting, or holding an infant, toddler, or preschooler is not considered restraint. Interventions that would typically be employed by a child care provider outside of a health care environment to ensure safety in young children are not considered to be restraints.

Before initiating restraints, the nurse completes a comprehensive assessment of the patient to determine whether the need for a restraint outweighs the risk of not using one. Restraints can result in loss of dignity, violation of patient rights, psychological harm, physical harm, and even death. Consider alternative methods first and document them in the patient's record. Some examples of alternative measures include bringing a child to the nurses' station for continuous observation, providing diversional activities such as music, and encouraging the participation of the parents. The use of restraints can often be avoided with adequate preparation of the