Restraints Checklist

|  |  |  |
| --- | --- | --- |
|  | Yes | NO |
| Have all alternatives to restraint use been considered? |  |  |
| Least restrictive restraint? |  |  |
| Has consent been obtained?  (unless deemed urgent) |  |  |
| Has documentation been initiated? Remember to document on the **Restraint Flow Sheet** |  |  |
| Is the equipment in good condition? |  |  |
| If using Pinel restraints, is the key easily accessible and is the location of the key known to all staff? |  |  |
| When applying the waist belt to bed, is the waist belt centered in bed along width of the bed? |  |  |
| Are attachment belts anchored to a solid and unmovable part of the bed frame? (no bed rails) |  |  |
| Is the belt fitted tightly? Dents should be seen in the mattress. |  |  |
| Has the waist restraint been applied around patient’s waist without causing restriction to breathing or discomfort? |  |  |
| Able to demonstrate how to lock Pinels (PIN inserted through grommet holes of the material, black button placed on top of the pin?) Did the button click? |  |  |
| Able to demonstrate how to unlock Pinels (blue magnetic key is placed on top of the black button, lift the button off) |  |  |
|  | YES | NO |
| Able to demonstrate how to apply cuffs to extremities (apply black first, and then white. Slap white portion of cuff over black at a slight angle to lock firmly, angle of cuff should be equal to the angle of the slope of the wrist. |  |  |
| Able to demonstrate how to apply pelvic strap (sequence starts with loop under waist belt then passed through the interlocking straps. Main strap is passed through loop then through PT’s legs. Connection is made to main waist belt with 2 locks. |  |  |
| Able to demonstrate how to apply the Torso Control Belt (shoulder strap) |  |  |
| Able to demonstrate how to unlock and remove Pinels (blue magnetic key is placed on top the black button. Lift the button off. May require pulling on the button. |  |  |
| Demonstrates knowledge of LHSC policy guidelines for monitoring patients with restraints? |  |  |

Name of Participant: ­­ Date and Signature:

Name of Evaluator: Date and Signature: