Every day, nurses are charged with ensuring patient safety in the critical care environment. One such way that this may occur is through the use of physical restraints. The use of physical restraints (PRs) has been a common and controversial practice occurring in medicine and nursing for many years. Physical restraint use in the critical care environment is more likely than other hospital units due to frequency of invasive procedures and the use of mechanical ventilation.

The critical care environment itself can cause agitation and added stress by the presence of mechanical ventilation, multiple invasive procedures, fear, pain, anxiety, sensory overload, and disruption to sleep cycles, thus increasing the likelihood of using physical restraints. It is estimated that up to 13 million people worldwide are admitted to intensive care units with approximately 30% requiring mechanical ventilation. Of those patients, up to 75% mechanically ventilated adults will be physically restrained at least once during their admission (Rose et al., 2016).

There are a variety of types of physical restraints that can be used. This include: vests, belts, wrist restraints, chair harness, bilateral bed rails, even fixed tables on a chair or chairs that prevent persons from getting up (Mohler et al. 2012). The exact nature of what is considered a restraint can be left up for interpretation, thus muddying the waters.

Physical restraint use in acute care settings has been associated with a variety of injuries. These injuries include pressure ulcers and nosocomial infections as well as bruising, lacerations, nerve injury, and strangulation. Bladder and bowel incontinence, decreased cognitive ability and awareness, mobility problems, and increased disorientation have also been associated with physical restraint use as well as feelings of demoralization, isolation, loss of freedom and posttraumatic stress disorder. Yet, despite these known potential complications, physical restraint use in critical care environments continues both internationally and in the United States.

It has been seen that it is the nurses who decide whether or not to restrain a patient with a physician’s verbal order often obtained after PR initiation, if at all. In looking at various factors that can influence this decision, there has been no consensus in the research findings to support a relationship between staffing, experience level, education level, in-service education, and nurses' attitudes toward PR use. Therefore, nurses need to be educated about their use, known complications, alternatives to use, staffing ratios when PRs are used and not used, and challenges to nurses when used and not used.

One study showed that the majority of nurses working in the intensive care unit (62.4%) did not receive training on the use of physical restraints (Gurdogan et al., 2016). In another study, researchers was found that overall clinical experience in nursing and clinical experience in critical care had statistically significant correlations with the likelihood of content about PRs being taught during the nurse’s basic RN education (Stinson, 2016). This means that newer nurses are not being taught about PR use in the undergraduate nursing curricula. This is an area of needed focus and improvement.

Despite known negative implications for patient care, the latest evidence shows that physical restraints are being used in the critical care environment. In order to maintain a healthy clinical environment for both patients and healthcare professionals alike, physical restraint education needs to occur in all nursing curricula.
Title:
State of the Science, Best Evidence: Physical Restraint Use in the Critical Care Environment

Keywords:
Nurses' role in PR use, PR use in critical care and Safety in clinical environment

References:


Gurdogan, E.P. et al. (2016). Knowledge, attitude, and practices of nurses in intensive care units on physical restraint use and factors affecting nurses' decision to use them. Turkish Journal of Medical and Surgical Intensive Care Medicine, 7(3), 83-88.


**Abstract Summary:**

Physical restraint use (PR) is a controversial practice occurring in nursing. Research supports that nurses decide whether or not to restrain a patient with a physician’s verbal order often obtained after PR initiation. Therefore, nursing's role in PR use and its impact on the clinical environment needs to be examined.

**Content Outline:**

I. Introduction
   a. What is a physical restraint (PR)?
   b. PR use - rates in critical care environment
   c. Reasons for use of PR in critical care including safety

II. Nursing role in PR use
   a. Why use PRs?
   b. Chemical restraint use - impact on PR use
   c. Patient outcomes - negative impacts
   d. Hospital protocols / Magnet recognition - impact on PR use

III. Role of education in PR use
   a. Need for inclusion in PR curricula
b. What should we teach our students?

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