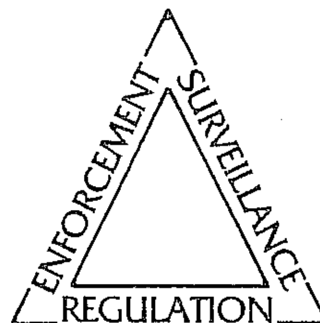
# CONSUMERS' GUIDE TO IMPROVED NURSING HOME CARE:

## THE USE OF RESTRAINTS IN NEW YORK STATE




**NHCC**

Nursing Home
Community Coalition
of New York State

425 East 25th Street
New York, New York 10010

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## *WHAT ARE RESTRAINTS?*

Restraints are safety devices, appliances, or medications that restrict body movement or control behavior. Their use can assist a disabled person to remain securely in bed or upright and comfortable in a chair. Medication, carefully supervised, could help treat depression and agitation. If not used properly, or used for the wrong reasons, restraints may rob nursing home residents of independence and dignity. Careless or improper use has been documented in some cases as the cause of serious physical and psychological injury to nursing home residents.

### Adjusting to Institutional Living

It is particularly important that restraints be *avoided* at the time of *admission* to a nursing home or during the period of adjustment to institutional life, unless the condition prior to admission has warranted their proper use. For some people this may be a matter of weeks, for others, many months. The anxiety, depression, confusion, or anger experienced by some people when placed in a home should be responded to by staff, physicians and the family, with patience, understanding and reassurance. It is important to help the resident adjust to new surroundings, unfamiliar routines and regulations, as well as the loss of independence which almost all residents experience.

## *WHEN RESTRAINTS SHOULD BE USED*

**Physical Restraints:** camisoles or vests, ankle and wrist appliances, gerichairs, side rails, locked doors, belts, harnesses

These restraints should be used only on specific physician orders. They help prevent injuries to internal organs by helping disabled residents sit upright, keep their intravenous connections in place, prevent scratching or rubbing skin surface, and generally to reach their optimum functioning.

**Medication Restraints:** sedatives, psychotropic drugs, antihistamines

These medications should be used only as prescribed by a physician to treat specific emotional and behavioral disorders or specific diagnosed psychiatric illnesses.

## *WHEN RESTRAINTS SHOULD NOT BE USED*

Restraints may *not* be used for the convenience of the staff, for purposes of discipline or as substitutes for direct care, activities or other services.

Restraints should *not* be considered before alternative means have been tried without success and so documented in the resident's medical record.

*Bed sheets* and *locked restraints* are prohibited by New York State regulation.

## *RIGHTS*

***Residents have the right to:***

- *participate* in the *decision* to use restraints.
- *know why* a restraint is being used, how it will help and when it will no longer be necessary.
- *refuse* medication or physical restraints after being informed of the personal and medical consequences of such a decision. (An exception to this would be in the case of an emergency in order to protect the resident from injury or from injuring others.)
- *request* that the physican *review* the restraint order if concerned about outcome.
- *be informed* about the emergency hotline for help and investigation if there is any indication that restraints are being abused. The hotline telephone number must be prominently posted in the facility.

## *RESPONSIBILITIES*

***Families and friends have the responsibility to:***

- *monitor* the action of the physician and staff.
- *monitor* the resident's reaction to the restraint.
- *report* any suspicion that restraints are being abused.
  (See checklist p. 9-11.)

***Physicians have the responsibility to:***

- *fully inform* residents and/or their designated representatives of the need for any restraint and the personal and medical consequences of its use.
- *order* the restraint in writing and document the reason for its necessity.

- *countersign orders within 24 hours* of an emergency order. (In emergencies, a registered nurse may apply physical restraints when the resident's doctor, the Medical Director or Nursing Director is unavailable. However, the reason for its use, the type of restraint, and the resident's response must be documented.)
- *review* restraint orders with nursing staff during a regular medical visit to determine when restraints can be terminated.
- *respond* to requests by the resident, family or designated representative for a reevaluation of the need for restraints, and document the findings in the medical record.

**Staff has the responsibility to:**

- *release* resident every two hours (except when asleep in bed) to change position, help walk, or exercise in a chair or bed.
- *check* residents in physical restraints at least *two times* a day — during dressing and undressing — for signs of bruising, redness, or the like.
- *monitor* the resident for signs of discomfort or change in appearance which may be a consequence of the use of restraints.
- *explain* the reasons for the restraint order to the resident — often, if necessary.
- *allow* some body movement when applying restraints to avoid impairing circulation.
- *inform* caregiving staff and family of possible side effects of restraints and how to identify them.
- *check* residents on medication restraints for lethargy, confusion, depression, loss of appetite, bizarre movements of face or mouth, and other side effects.

## ALTERNATIVES TO THE USE OF RESTRAINTS

The institution and the resident both benefit from innovative staff approaches that help older people adjust to nursing home life. Each new resident has developed individual patterns of behavior, enjoyed unique life experiences, and usually made satisfactory adjustments to life's changes. Care plans should reflect these facts and events. Restraints should play *no* part in this adjustment.

Families and residents can play an active role in making life in a nursing home a more positive experience for residents, particularly those who wander, are confused, or have special problems. By becoming participants in the nursing home's Family and Resident Councils, family members can encourage administrators to initiate good nursing home practices such as the following:

- Develop *walking clubs* to provide regularly scheduled walking tours of the facility/grounds. These activities use up some of the excess energy of the wanderers.
- Tailor *activities/programs* to residents' individual interests which in turn may encourage participation in the nursing home's community life.
- Create *special areas,* places where residents could feel free to walk about or carry out an activity under staff supervision. It is important that these areas not isolate certain types of residents.

- Provide *interdisciplinary training* for all staff on the care, needs and expectations of older persons, with special emphasis on proper handling of the emotional problems of the aging.

*Special Note on Wandering Residents:* Residents who wander require special attention to ensure their safety and to avoid their disturbing others. Walking about and curiosity are normal human activities in any setting and should be seen in a positive light by staff and residents. Wandering residents can endanger themselves, however, and may even heedlessly walk away from a facility if not watched. The habits of each person need individual evaluation and a care plan that provides for maximum freedom at all times.

## *CHALLENGING THE USE OF RESTRAINTS*

In all matters pertaining to the medical care of a resident, generally it is best if the resident and the family members decide together who will take responsibility for talking with the doctor and staff about medical problems. Residents may elect to speak on their own behalf or may select a friend to represent their medical interests. If there is reason to question the physician's restraint decisions, do so. This means careful weighing of all positive factors — safety, comfort, possible improved functioning — against negative ones — loss of mobility, possible detrimental side effects such as depression and anxiety, or unwillingness to cooperate in self-care.

**In the last analysis, restraints should be used only when the advantages clearly outweigh the disadvantages.**

## CHECKLIST FOR POSSIBLE ABUSE

Keeping in mind the resident's normal appearance and behavior, use the checklist below to observe the resident's response to restraints.

### SIGNS OF POSSIBLE ABUSE OF PHYSICAL RESTRAINTS

Observe the actual restraint for the following (with patient's permission):

- Location — always look under the lap robe and clothing;
- Tightness — your fingers should slip under the restraint;
- Creased or twisted clothing — any heavily creased or twisted clothing may mean that the restraint was just released for visitors or improperly applied.

**Discoloration in Area of Restraint**
- Redness
- Bruising
- Blanching
- Welts

**Pain in Area of Restraint**
- Wrist
- Waist
- Chest
- Feet

**Physical Behavior**
- Squirming in an attempt to gain comfort
- Bending forward in an attempt to loosen the restraint
- Rocking

## SIGNS OF POSSIBLE ABUSE OF MEDICATION RESTRAINTS

### Behavioral Changes

- Agitation
  restless, nervous, troubled
  purposeless movements of hands, arms and feet
  inability to remain still
  anxious
  repeats questions
- Bizarre movements of face and mouth
- Confusion
  unsure of time and place
  does not recognize people
  misplaces belongings
- Depression
  lack of interest in grooming, surroundings and activities
  anger, hostility and aggression
- Fatigue
  tires very easily
  sleeps excessively
- Gait changes
  staggering
  shuffling
- Lethargy
  excessive sleeping
  reduced energy
  drowsiness
- Loss of appetite

### Sensory Changes

- Excessive salivation
  drooling
  frequent swallowing of saliva
- Fixed facial expression
  blank look to face and eyes
  staring into space
- Hearing disturbances
  buzzing or ringing in ears
- Vision disturbances
  blurred vision
  double vision
  spots before eyes
  sensitivity to light

### Physical Changes

- Cold —
  especially fingers and toes
- Dry mouth
  constant movement of mouth
  licking of lips
  swallowing
- Excessively dry skin
  peeling
  shiny, thin look to surface of skin of arms and legs
- Rash
- Sweating
- Thirst

**When there is difficulty communicating with the physician or a lack of cooperation, discuss the situation directly with the Director of Nursing and the Administrator. If this does not help call . . .**

## IN NEW YORK STATE

Coalition of Institutionalized Aged and Disabled, Inc.
(518) 434-4966

Long Term Care Ombudsman Program
New York State Office for the Aging
1-800-342-9871

New York State Health Department
Patient Care Investigation Unit
(518) 445-9989

NYS Special Prosecutor for Nursing Homes and Medicaid Fraud Control Unit
(212) 587-5300 (Mondays – Fridays, 8:30 am — 11:00 pm; Saturdays and Sundays, 8:00 am — 4:00 pm)

## IN NEW YORK CITY

Coalition of Institutionalized Aged and Disabled, Inc.
(212) 584-0990

Friends and Relatives of the Institutionalized Aged, Inc.
(212) 481-4422

New York City Long Term Care Ombudsman Program
(212) 741-8844

New York State Health Department
Patient Care Investigation Unit
(212) 502-0874 (Mondays – Fridays, 8:30 am – 4:30 pm; all other times call (518) 445-9989)

NYS Special Prosecutor for Nursing Homes and Medicaid Fraud Control Unit
(212) 587-5300
(see times under New York State)

## IN NASSAU/SUFFOLK

New York State Health Department
Patient Care Investigation Unit
(516) 231-1880 (Mondays – Fridays, 8:30 am – 5:00 pm; all other times see New York State)

NYS Special Prosecutor for Nursing Homes and Medicaid Fraud Control Unit
(516) 360-6400 (Monday – Fridays, 8:30 am – 4:30 pm; all other times see New York State)

## NOTES:

The information contained in this pamphlet represents the position and recommendations of the Nursing Home Community Coalition of New York State based on current Public Health laws and regulations. It was prepared with the assistance of the New York State Office for the Aging's Long Term Care Ombudsman Program, Albany, New York.

Nursing Home Community
Coalition of New York State
(212) 481-4422

*Partial List of Members*

Action for Older Persons-Binghamton
All-University Gerontology Center-Syracuse University
AARP N.Y. State Legislative Committee
Citizens Leaders for Action-Rochester
Citywide Advocates for Seniors-N.Y.C.
*Coalition of Institutionalized Aged and Disabled, Inc. (CIAD)
District 1199-National Union of Hospital and Health Care Employees
*Friends and Relatives of Institutionalized Aged, Inc. (FRIA)
Gray Panthers of N.Y.C.
Joint Consumer Council of HIP of N.Y.C.
Joint Public Affairs Committee for Older Adults (JPAC)
Lenox Hill Neighborhood Association
Nassau Action Coalition
National Association of Social Workers, N.Y.C. Chapter
National Council of Jewish Women, Kew Gardens and N.Y.C. Sections
N.Y.C. Coalition for Community Health
N.Y.S. Council of Senior Citizens
N.Y.S. Coalition of the Concerned for Older Adults (COCOA)
N.Y.S. Conference for the Aging
*N.Y.S. Nurses Association
N.Y. Society for Ethical Culture
N.Y. Statewide Senior Action Council
Older Women's League (OWL), N.Y.C. Chapter
*Relatives Association of the Daughters of Jacob Geriatric Center
State Communities Aid Association
*United Hospital Fund, Nursing Home Long-Term Care Committee
Westside-Interagency Council on Aging
*Women's City Club of New York, Inc.

*Editorial Task Force