

# RESTRAINT RAP CRITICAL THINKING TOOL



Here are some simple questions to ask yourself when assessing a resident and deciding if a restraint is really necessary:

1. What is the “medically necessary” reason for the restraint? (“Safety” alone is not adequate)
2. **How will the restraint improve the resident’s life?**
3. What type of restraint is used? Is it the least restrictive intervention?
4. Is it being used at specific times during the day? Could some other intervention be used?
5. Where is the resident restrained (room, hallway, chair, etc) and why in that location?
6. Under what circumstances?
7. How long is the resident restrained? Is increased activity/mobility incorporated to compensate?
8. Who suggested that the resident be restrained and why?

Conditions associated with restraint use:

1. BEHAVIORAL SYMPTOMS
  - Review Behavior Symptom RAP
2. RISK OF FALLS
  - Review the Fall RAP
3. CONDITIONS AND TREATMENTS
  - Is a tube/mechanical device being used to treat something life threatening?
  - Are there other options?
  - Why does the tube/mechanical device bother the resident, is it uncomfortable, or something to fidget with?
  - Review Urinary Incontinence RAP for catheter alternatives
  - Review Feeding Tube RAP if feeding tube present
4. ADL SELF PERFORMANCE
  - IF the restraint use is supportive and time limited, does it enhance a resident’s ability to be more self-sufficient?
5. CONFOUNDING ISSUES TO BE CONSIDERED
  - Delirium
  - Impaired cognition
  - Impaired communication
  - Pain
  - Sad or anxious mood
  - Psychotropic Drug side effects
  - Unmet psychosocial needs – lonely, bored, under/over stimulated, etc
  - Resistance to treatment, medication, nourishment
  - Unsafe Behaviors
6. OTHER FACTORS TO BE CONSIDERED
  - Resident’s response to the restraint – does it create more problems than what it solves?
  - **ALTERNATIVES TO RESTRAINTS** (See [www.primaris.org](http://www.primaris.org) for suggested alternative interventions)
  - What has been tried and what was the response? Be sure to document!

This is the Restraint RAP in a condensed format. The focus to restraint assessment is to look at the individual and review the detailed RAP guidelines as given in the RAI Manual. The keys to this are asking yourself WHY? WHY? WHY? and what else could we try? The documentation should be a summary of your assessment, showing the critical thinking by the team (the whys), including the medical symptoms; and alternatives attempted with resident responses that indicate failure, partial success or success. The care plan should then include when and how the restraint is to be used, the alternatives that have been successful, as well as interventions to prevent restraint-associated issues.

The next step is to reassess the resident to ensure that the restraint is still necessary on a regular basis, such as with care plan review, or more often if necessary due to changes in the resident’s condition. Ongoing reassessment is crucial as the resident’s needs will change.

The keys to success are individualized assessment, reassessing at regular intervals, care planning for that individual and, most important, the critical thinking and documentation. If you do not show your documentation then you did not do your job.