

The Use of Restraint Mitts in the Intensive Care Unit; A Service Evaluation




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Dissertation Topic – Why?

Loss of dignity
Family distress
Nurse anguish
Frightening for all



 Your Health Matters


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NHS Foundation Trust

MSc Advanced Nursing Practice

Oxford Brookes University

Literature review

Research

Audit

Service Evaluation

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Research Question

In one District General Hospital what do ICU nurses know and practice in relation to restraint mitts?

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What is Restraint?

‘Intentional restriction of a person’s voluntary movement or behaviour’ (RCN 2008)

Restraint mitts – restraint or protection?

- restrict fine motor skills
- unable to grasp at lines/tubes
- limit possibility of self-harm

Other forms of Restraint

Medication (85.7%)

Hand holding

Bed rails

'Presencing'



BACCN Position Statement on the use of Restraint

Facilitate best care

Not alternative for inadequate resources

Try other strategies first

Detailed MDT assessment

Develop protocol/guideline

Continued assessment

Clear, concise documentation

Patient/family discussion

Education and training programmes

(Bray *et al.* 2004)

Nurse Questionnaire

April 2018

Piloted

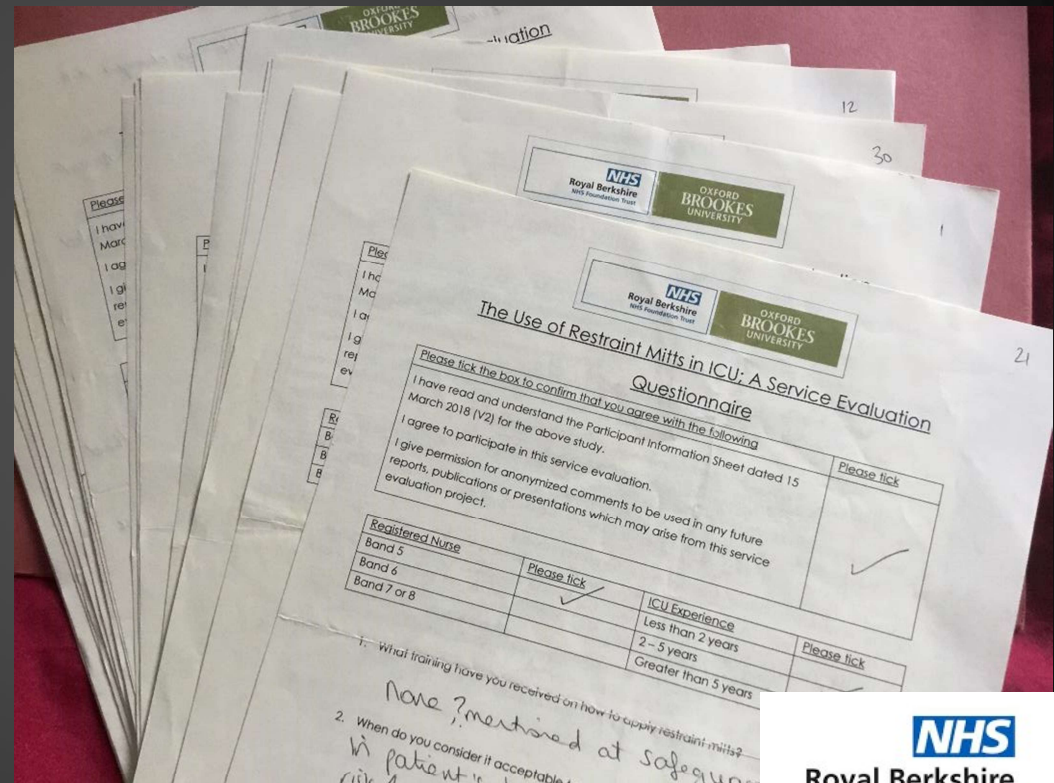
Convenience sample

44% response rate

Posters

Return box

Permission gained



Questionnaire Summary

Good knowledge of:

Rationale for use

Assessments prior to/during use

Alternate strategies

Justifying use to patient/family

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Adverse Events

Reported by 46% nurses (Band 7/8 70%)

Skin damage

Increased frustration/agitation

Psychological effects

Displaced arterial lines/cannula/NGT even
when patient wearing restraint mitts

Training

65% None

29% 'On the Job'

6% Formal



Access Network Solutions Ltd

Retrospective Patient Data Collection

01/09/17 – 28/02/18

ICCA

IT Analyst

14 patients

> 2 hours

Patient Data Collection Sheet

Date of Admission to ICU
Assigned Code
What day of ICU admission were restraint mitts commenced?
What date were restraint mitts no longer documented?
How many days did the patient wear restraint mitts?
Is there evidence that patient was pulling at invasive lines/tubes?
MDT note including neurological section 24 hours before restraint mitts documented and pm note? A
CAM-ICU/RASS documentation/neuro nursing documentation? B
Free form note? C
Medication administration notes? D
Is there evidence that patient was being violent towards others/property? A, B, C, D as above
Is there evidence that alternate strategies were employed prior to applying restraint mitts? A, B, C, D
Has there been discussion about mental capacity with the medical team? A, C
Is there evidence that the patient's pain score has been assessed? $1 + 4 + (3) + (0) + 2 + 0 + 1 + 3 = 14$ $3/2 = 1.5$
How frequently has pain score been assessed? * BUT NOT HOW ASSESSED PM 24 HRS DOCUMENTATION 24 HRS (CAM-ICU)
Is there evidence that Richmond Agitation Sedation Scale (RASS) has been assessed?
How frequently has RASS been assessed? * $3 \times 1 \times 2 = 3(14) 4(2) 5 \times 6 \times 7 \times$ YES
Is there evidence that Confusion Assessment Method for the ICU (CAM-ICU) has been assessed?
How frequently has CAM-ICU been assessed? * $3 \times 1(2) 2(3) 3(1) 4(5)$ 4/2 YES
Did this patient receive antipsychotic medications, e.g. haloperidol, olanzapine during their ICU stay? (haloperidol) YES
Is there evidence that the restraint mitts have been removed to assess condition of skin? Twice in 69 hrs YES
How frequently have restraint mitts been removed? * X2 only. 1
Is there evidence that the decision to use restraint mitts has been communicated to the family? In first 24 hrs NO
When wearing restraint mitts does the patient have a bridled nasogastric tube in situ? New feeding (Bafedong) YES
When wearing restraint mitts does the patient have an endotracheal or tracheostomy tube in situ? NEVER HiNo NO
When wearing restraint mitts does the patient have an arterial line in situ? Why? replacement checks YES
When wearing restraint mitts does the patient have invasive central lines in situ? Why? vst N/A YES

* Where frequency of assessments is to be calculated it should be the average number of times in 24 hour period for the entire documented duration of wearing restraint mitts.

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Is there evidence that patient was being violent towards others/property? A, B, C, D as above
Is there evidence that alternate strategies were employed prior to applying restraint mitts? A, B, C, D
Has there been discussion about mental capacity with the medical team? A, C
Is there evidence that the patient's pain score has been assessed? $0 + 1 + 1$
How frequently has pain score been assessed? * $0 + 1 + 1$
Is there evidence that Richmond Agitation Sedation Scale (RASS) has been assessed?
How frequently has RASS been assessed? * $11 + 11 + 111$
Is there evidence that Confusion Assessment Method for the ICU (CAM-ICU) has been assessed?
How frequently has CAM-ICU been assessed? * $11 + 11 + 111$
Did this patient receive antipsychotic medications, e.g. haloperidol, olanzapine during their ICU stay? $11 + 11 + 111$
Is there evidence that the restraint mitts have been removed to assess condition of skin?
How frequently have restraint mitts been removed? * $11 + 11 + 111$
Is there evidence that the decision to use restraint mitts has been communicated to the family? In first 24 hrs
When wearing restraint mitts does the patient have a bridled nasogastric tube in situ?
When wearing restraint mitts does the patient have an endotracheal or tracheostomy tube in situ?
When wearing restraint mitts does the patient have an arterial line in situ?
When wearing restraint mitts does the patient have invasive central lines in situ?

* Where frequency of assessments is to be calculated it should be the average number of times in 24 hour period for the entire documented duration of wearing restraint mitts.
* Removal.

Patient Data Collection Summary

100% patients pulling at lines/tubes or exhibiting violent behaviour

100% pain score, RASS, skin checks

Good examples free form notes telling patient story

1 of 14 patients' families informed of rationale

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Alternate Strategies

91% reassurance

50% distraction

44% look other causes of distress

However,

No explicit documentation that alternate strategies employed on ICCA

CAM-ICU

56% complete before use

53% complete during use

Compliance 71.4%

Based on 12 hourly assessment

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Recommendations and Progress

Work with a patient leader



Explore mesh mitts/freedom sleeves



Guideline



Restraint rounding



Education/training



Leaflet for family



ICCA changes



Re-audit

Jan 2020

Repeat questionnaire

Jan 2020

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module and conference fees



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 Understanding
Patient Data

This work uses data provided by
patients and collected by the NHS
as part of their care and support.

#datasaveslives


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