



Movers and Shakers

Keeping people safe without
restraints



Why People Move

Everything in the body moves

- Cells
- Systems
- Kinetic energy



Circulation

Lack of movement causes

- Varicosities
- Thrombosis
- Reduced cardiovascular performance



Respiratory

Reduced movement

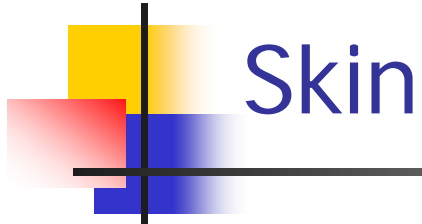
- Decreases gas exchange and cell nourishment
- Pooled secretions – atelectasis
- Infections



Musculoskeletal

Lack of movement causes

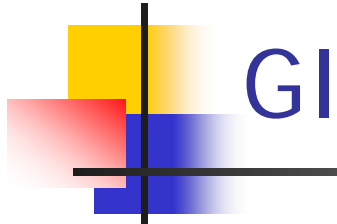
- Stiffness
- Muscle atrophy
- Loss of strength
- Loss of mobility
- Loss of bone density
- Contractures



Skin

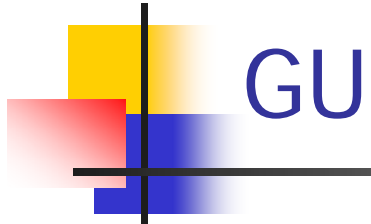
Loss of movement promotes

- Loss of moisture and elasticity
- Infection
- Pressure sores



Immobility causes

- Decreased peristalsis
- Poor digestion
- Constipation
- Negative calcium and nitrogen balance
- Anorexia



Reduced movement promotes

- Urinary stasis
- Incontinence
- UTI



Bio-Psychosocial

Lack of movement reduces

- Sensory input and output
- Socialization
- Engagement with the environment
- Self-direction and control
- Quality of life



Living with Restricted Mobility

Lack of position change affects

- Comfort
- Hunger
- Thirst
- Elimination needs
- Stress and anxiety



Effects of Medication

Medicating for 'behaviors'

Side effects include

- Orthostasis
- Increased impulsivity



Time Goes By

Sitting quietly may not be easy

- Sensory impairment
- Boredom
- Cognitive effects



Actions That Lead to Falls

Expressing needs

- Comfort
- Food
- Drink
- Toileting
- Amusement



Preventing Falls

Effective treatment of falls begins with identifying all the underlying factors and conditions that may be contributing to the falls.



Root Causes of Behaviors & Falls

Investigate falls with an open mind

Ask why & keep asking why until you discover the root cause



Falls Investigation

Comprehensive Assessment

- Blood pressure changes
- Balance disturbance
- Medication side effects
- Not meeting the resident's needs



Interdisciplinary Assessment

There is rarely one cause

Consider all possible factors

- Lack of aggressive rehabilitation/restorative care
- Lack of meaningful activities
- Failure to manipulate the resident's environment.



Using Alarms and Mats

The original purpose of alarm systems

- Assessment tool
- Reminder

Mats may increase risk for falls



Physical Restraints

Regardless of the type of device, you must ask two questions:

- (1) Within the context of the resident's capabilities, does the device restrict a resident's free movement or normal access to his/her body?
- (2) Is it difficult for the resident to remove the device?*



Physical Restraints

If the answer to both questions is "yes,"
the device is a restraint.*



Resident Perspective

Always try to find out what the resident is trying to do

- Look for patterns
- Interview resident for awareness of safety
- Document everything



Hands-On Caregivers

Interview nursing assistants first

- Find out what they do that works
- Add to care plan interventions



Administrator

Set standards for a restraint-free environment

CQI tracking and trending



Nursing

Complete comprehensive medical assessment

- Vital signs
- ADLs
- Medication administration
- Anticipating and meeting needs
- Restorative programs



Pharmacist

Review all medications for effects, side effects and interactions

Suggest alternatives



Social Services

Assess cognitive status

Assess for depression and behavior

Identify socialization needs



Recreational Activities

Promote individual involvement

- Sensory
- Tactile
- Change of scene

Exercise

Diversion



Therapies

Improve seating and support

Evaluate strengths and deficits

Assess cognitive ability and communication

Recommend interventions



Dining Services

Implement dining room interventions

Provide hydration and snack programs



Psychological/Psychiatric Services

Help them help you

- Rule out medical, sensory and medication problems first

Identify mood and behavior symptoms



Physician/Medical Director

Review assessment findings

Support a restraint-free treatment plan



Test Question

Is the wedge cushion a restraint if the resident cannot get out of the chair and the cushion prevents the resident from passively sliding (vs. actively working to slide down) in the chair?



Answer

The wedge cushion is not preventing free movement and is not a restraint.

If the wedge cushion prevents a resident from sliding out of the chair and the resident actively works at trying to slide out of the chair, then the wedge cushion is a restraint.



Questions
