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STANDARD OF CARE	Manual: Clinical	Section: Interdisciplinary Clinical	Code No.: I R008	Old Code No.:
Prevention of Treatment Interruption in CICU, CVICU, ICU and PACU			Original Effective Date: Jun 29, 2015	
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Cross Index:	Authoring Co	ommittee/Program/Dept:	Approved By: SLT	

Expected Outcome(s):

- Disposable limb holders will be used only as outlined below to maintain patient safety and prevent treatment interruption in ICU, CICU, CVICU and PACU
- Patients placed in disposable limb holders will be assessed and monitored as per standard of care outlined below.
- In keeping with the Patient Restraints Minimization Act, disposable limb holders will be removed and discontinued as soon as it is safe to do so.

Definition:

Disposable limb holders are a soft mechanical restraint used in the short term to prevent treatment interruption, e.g. inadvertent medical tube dislodgement, such as self extubation or decannulation of a vascular access device.

Responsibility:

Members of the interprofessional team in ICU, CICU, CVICU and PACU

Action:

Consent

Verbal consent is required for the use of any form of restraint and must be documented in the health record. Consent must be given by the patient, where capable, or by the Substitute Decision Maker (SDM), when the patient is incapable. Informed consent must be obtained once the imminent threat/risk has passed and the situation is contained.

Authorized Prescriber Order

An authorized prescriber order is required for the use of restraints. In the event that an authorized prescriber is not present at the time of the imminent threat/risk, a nurse will initiate

the use of disposable limb holders as a mechanical restraint, and then notify the MRP or designate immediately regarding the clinical status of the patient and obtain orders for restraint.

Indication for Use:

Upon prescriber order, apply disposable limb holders as a light restraint when patients
require a temporary reminder to limit interference with treatment/ medical devices when
alternative methods have been ineffective.

Exclusion:

 DO NOT USE Disposable limb holders to bring under control behaviours, violence, or physical movements which could cause bodily harm to patients or others (refer to Restraint(s) standard of care in these situations).

Level of Observation Required

• No more than 1 - 2 patients per nurse ratio

Assessment and Monitoring

- Level of sedation/agitation using RASS (Richmond Agitation Sedation Scale) q 4h & prn
- Level of confusion using ICDSC (Intensive Care Delirium Screening Checklist) q shift & prn
- Risk for violence or aggression using VAT (Violence Assessment) q shift and with change in behaviour
- Assess q hourly:
 - for skin breakdown,
 - loss of circulation,
 - adherence to manufacturer's direction for application (see link below)
 - ROM.

Application

See: Manufacturer (Belpro) Procedure for application of Limb holders (LH123)

Documentation:

- Consent
- Date and time of initation
- Alternative methods of restraints utilized
- All assessments

Special Considerations:

Not applicable.

References:

- College of Nurses of Ontario. Restraints (2018) https://www.cno.org/en/learn-about-standards-quidelines/educational-tools/restraints/
- Manufacturer (Belpro) Procedure for application of Limb holders LH123
- Patient Restraints Minimization Act (2001) http://www.e-laws.gov.on.ca/html/statutes/english/elaws statutes 01p16 e.htm
- Registered Nurses Association of Ontario Best Practice Guideline(2012): Promoting Safety-Alternative Approaches to the Use of Restraints http://rnao.ca/sites/rnao-ca/files/Promoting Safety - Alternative Approaches to the Use of Restraints 0.pdf
- Standard Of Nurdsing Care for Restraints use in Critical Care Trauma Centre LHSC 2018

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