

Pediatric Patient Restraints and Other Alternatives

Caring for a child in the hospital can be hard. There may be tubes, IVs or other devices that should not be touched or moved. A child may not understand why they cannot touch or remove any of them. Children may be afraid or confused. They may receive medicines that affect the way they act. They may be at risk of hurting themselves by pulling on tubes. It can be very hard for a young child not to explore and play with objects around them.

Years ago, nurses and doctors quickly placed confused and aggressive children in restraints to assure safety. Today they are only used after other options have been considered.

What You Can Do to Help Your Child

Every effort is made not to place restraints on your child. Your nurse will assess your child and ask for your viewpoint. You can help by:

- Bringing in items familiar to your child. Bring photos of parents, siblings and pets, stuffed toys, favorite blankets, or anything that your child may hold for comfort.
- Keeping to your child's daily routine as much as you can.
- Helping your child walk (when able).
- Keeping your child busy with activities right for their age, such as holding and rocking infants or toddlers.
- Having a trusted adult at the bedside to explain and re-explain things.
- Talking to and soothing your child.
- Keeping a close eye on your child at all times. Children move very quickly and may hurt themselves or pull out a tube in seconds.

The most important thing is to talk your child's health care team. You know your child best and know their needs. This is very helpful in planning care. By talking with the health care team, you will know the treatment plan for your child.

As much as we try, we cannot always keep a child restraint-free. At times, restraints are the best choice. The rest of this handout helps to answer common questions that families have.

What are restraints?

Restraints are devices that restrict movement to prevent injury to the child. "No-No's" are padded devices in the form of tubes. They are placed on a child's arms to prevent bending and pulling out IV lines or objects on the face or head. If the No-No does not work, soft wrist restraints may be used to tie a child's arms down to keep from pulling on anything.

Why use restraints?

When children are confused, afraid or very young, they may be a danger to themselves if not restrained. Restraints limit movement. At times, they can help nurses and doctors provide care.

Who decides restraints are needed?

Your child's treatment team will decide to use restraints. The treatment team includes doctors and nurses. We will include a family member when we can. Restraints are used as a last choice. Keeping your child safe is our main concern.

It is best to stop at the nurse's desk before going into the child's room. The nurses can tell you about restraints and why they are being used. This is a good time to ask questions.

How long are restraints used?

As a child becomes less confused or their condition improves, the staff will try to remove them. When the restraints are off, family members or staff may need to remind the child not to touch tubes. Staff will tell you how you can be most helpful.

What does it feel like to be restrained?

Some children and infants do not notice the restraints. Other children may feel lonely, isolated, angry, or fearful. You may hear your child ask, "What did I do wrong?" Your child might feel like they are being punished. You can help by saying the restraint is temporary. Tell them they did not do anything wrong.

At times, restraints are used because a child is confused. You can help your child by telling them:

- Who you are.
- What day it is.
- Where they are.
- Why they are restrained.

Ask them questions that need a brief or one-word answers. This helps a child feel more in control. Simple, short answers also help a child understand your response.

How can I be sure my child is safe in restraints?

Nurses and others will check the child's safety and comfort every hour. We have policies on caring for children in restraints. The staff is trained to closely check all children in restraints.

What we do to assure the best care?

When restraints are used, it's important to tell families **why** they are being used. Children will at times fight against them and want them taken off. It is helpful to talk with the child about what they can do to have them removed. We will talk with you about certain actions the child needs to do in order to have them removed. For example, when children can follow simple directions and leave tubes, IVs, and other devices in place, then they may be removed.

Be aware of your safety and the safety of your child. No medicines or sharp objects should be left within reach of a child. Let the staff know before leaving the child alone. Children and infants can move very quickly and fall from a crib or a bed, even with an adult right beside them.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 2/2020. University of Wisconsin Hospitals & Clinics Authority, All Rights Reserved. Produced by the Department of Nursing. HF#5435.