

PERFORMANCE CHECKLIST

Applying Restraints

Name _____

To be completed by instructor during observation of 100%, unassisted mastery of procedure. Date and sign below. Skill mastery must be demonstrated prior to direct patient contact.

Restraint ordered by physician (wrist, ankle, vest, mitt).

Remove restraint for 10 minutes every two hours to exercise restrained extremity and to shift weight off areas sustaining pressure. This exercise should include weight bearing if tolerated.

- ___ 1. Receive directions from supervisor.
- ___ 2. Knock before entering room.
- ___ 3. Address resident by name.
- ___ 4. State your name and title.
- ___ 5. Identify resident.
- ___ 6. Explain procedure and obtain permission.
- ___ 7. Wash hands.
- ___ 8. Provide privacy.
- ___ 9. Position in good bodily alignment.
- ___ 10. Apply restraint according to manufacturer's instructions. Hands must be clean, dry and padded when applying mitt restraints. Vest restraints are worn over clothing and **must not restrict breathing**.

Limb Restraint

- ___ a. Apply restraint according to manufacturer's instructions.
- ___ b. Place soft edge against skin.
- ___ c. Wrap smoothly around limb.
- ___ d. Pull secure and check fit by inserting two fingers between skin and restraint.
- ___ e. Position limb in comfortable position but limit movement as necessary.
- ___ f. Tie ends to bed frame or wheelchair using slipknot.
- ___ **g. Check pulse, color and temperature of any restrained extremity.**

Jacket or Vest Restraint

- ___ a. Apply restraint according to manufacturer's instructions.
- ___ b. Slip sleeves over arms and position V-area in the front.
- ___ c. Cross strap in back and pull through hole in jacket.
- ___ d. Secure straps to frame and check for tightness, comfort and movement limits.
- ___ **e. Check pulse, color and temperature and breathing of resident in vest restraint every 15 minutes.**

Safety Belt Restraint

- ___ a. Assist to sitting position if in bed.
- ___ b. Place belt over top of clothing in front, passing ties across back.
- ___ c. Check restraint to be sure there are no wrinkles and that restraint **does not restrict breathing**.
- ___ d. Put ties through belt slots.
- ___ e. Assist to lie down if in bed.
- ___ f. Position in good body alignment (in bed or chair).
- ___ g. Tie straps to bed frame or wheelchair using slipknot for easy release.
- ___ 11. Check position of restraint and breathing every 15 minutes.
- ___ 12. Wash hands.
- ___ 13. Record actions and report any abnormal observations to supervisor.

Pass _____ Instructor's Signature _____ Date _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills, or allow the individual to study the skill after selection or before demonstration when the individual was being tested for competency. 2005