Appendix J: Example: Alternative Approaches List



The Ottawa Hospital Least Restraint Last Resort Policy ADM VIII 540_

Table with examples/suggested alternatives and patient behaviours

Presenting Behaviours	Examples of Suggested Alternatives
1. Falls	Nedication review Toileting regularly Quad exercise: mobility/ ambulation Routine positioning (Q2H) Increased participation in ADL Pain relief/comfort measures Normal schedule/individual routine Assess for hunger, pain, heat, cold Glasses, hearing aids, walking aids easily available Increase social interactions Redirect with simple commands Call bell demonstration Involve family in planning care Diversional activities: pets, music, puzzles, crafts, cards, snacks Scheduling daily naps Alarm devices- bed/chair/ door Clutter free rooms Mattress on floor/lower bed Non-slip strips on floor Night light Helmet Acceptance of risk

All requests to use or adapt the Alternative Approaches to Restraint Use must be directed to the Ottawa Hospital, Department of Nursing Professional Practice.

Presenting Behaviours	Examples of Suggested Alternatives
2. Cognitive Impairment- e.g. dementia	 Toileting regularly Normal schedule/individual routine Assess for hunger, pain, heat, cold Label environment i.e. bathroom door Increase social interactions Redirect with simple commands Gentle touch Assessing past coping strategies Involve family in planning care Diversional activities: pets, music, puzzles, crafts, cards, snacks Reminiscence Scheduling daily naps Pacing permitted Alarm devices- bed/chair/door Clutter free rooms Night light Glasses, hearing aids, walking aids easily available
3. Acute Confusion- delirium	Medication review Work-Up for underlying cause- see Pre-Printed Orders Pain relief/comfort measures Glasses, hearing aids, walking aids easily available Toileting regularly-start q2h Normal schedule/individual routine Assess for hunger, pain, heat, cold Label environment i.e. bathroom door Increase/decrease social interactions Redirect with simple commands Gentle touch Assessing past coping strategies Involve family in planning care Scheduling daily naps Alarm devices- bed/chair/door Clutter free rooms Night light

Presenting Behaviours	Examples of Suggested Alternatives
4. Agitation	 Mobility/ambulation/exercise routine Routine positioning (Q2H) Medication review Pain relief/comfort measures Toileting regularly Normal schedule/individual routine Assess for hunger, pain, heat, cold Increase social interactions Redirect with simple commands Relaxation techniques (tapes, dark environment) Gentle touch Assessing past coping strategies Involve family in planning care Diversional activities: pets, music, puzzles, crafts, cards, snacks Scheduling daily naps Pacing permitted
5. Wandering	 Assess for hunger, pain, heat, cold Buddy system among staff/consistency Label environment i.e. bathroom door Increase social interactions Redirect with simple commands Assessing past coping strategies Involve family in planning care Diversional activities: pets, music, puzzles, crafts, cards, snacks Tape (stop) line on floor Alarm devices- bed/chair/door Clutter free rooms Night light Room close to nursing station Glasses, hearing aids, walking aids easily available
6. Sliding	Consults to OT/PT Routine positioning (Q2H) Pain relief/comfort measures Call bell demonstration Wedge cushions/tilt wheelchairs (consult OT/ PT) Non slip cushion (consult OT)

Presenting Behaviours	Examples of Suggested Alternatives
7. Aggression	 Medication review Pain relief/comfort measures Assessing past coping strategies Normal schedule/individual routine Assess for hunger, pain, heat, cold Increase/decrease social interactions Relaxation techniques (tapes, quiet/dark room) Involve family in planning care Pacing permitted Soothing music
8. Pulling out invasives/ tubes	 Pain relief/comfort measures Increase social interactions Redirect with simple commands Call bell demonstration Stimulation/meaningful distraction Explain procedures/treatments Gentle touch Involve family in planning care Camouflage tubing on IV Abdominal binder over PEG Change IV to intermittent asap Arm splint (prevent elbow bending)
9. Unsteadiness	 Mobility/ambulation/exercise Medication review Increase social interactions Call bell demonstration Scheduling daily naps Clutter free rooms Mattress on floor/lower bed Non-slip strips on floor Night light Acceptance of injuries Glasses, hearing aids, walking aids easily available

All requests to reproduce must be directed to The Ottawa Hospital Alternative to Restraints Decision Tree" must be directed to the Ottawa Hospital, Department of Nursing Professional Practice for permission".