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PHYSICAL RESTRAINT USE IN EUROPEAN ICUS

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INTRODUCTION. Patients in intensive care are monitored and treated using a range of invasive devices
and equipment. In order to support ongoing acceptance of these measures, the patient must either be cooperative and competent, sedated, or physically unable to disturb the devices. In order to facilitate
this, many patients are either chemically sedated or physically restrained to allow effective patient
management to occur. Anecdotally, the practice of using physical restraints in intensive care varies
widely across Europe. Little data is available on the extent and criteria for its use. Most published data
to date is based on practices in the United States. In a study of 17 ICUs in the US, Minnick et al. [1]
found that 24% of patients were restrained, although practice did vary across different types of ICU
The purpose of the present study was to gather exploratory data on the incidence of and the reasons for
physical restraints in adult ICUs in Europe.

METHODS. A prospective descriptive study of incidence of physical and chemical restraint use involving
ICUs across Europe was carried out. Recruitment of ICUs occurred through ESICM membership.
ICUs taking part collected data on all adult (>18 yrs) ICU patients hospitalized on 2 data
collection days (One week day and one weekend day). Data collectors were asked to collect the following
data. Baseline - Country, Number of beds, nurse:patient ratio. restraint policy Restraint datanumber
of patients restrained, reason for restraint, motivation for restraints, alternative measures used
in addition to physical restraints, effectiveness of restraint, physical effect on the patient, length of time
patient is restrained, type of sedation used.

RESULTS. 35 units contributed data from 11 countries in Europe. Mean size of ICU was 14 beds
(range 4-24) with a mean 63 admissions /month (range 15-143). 750 patient episodes were recorded.
27% of these patients were physically restrained and 35% of patients received sedation. Nurse: patient
ratios ranged from 1:1 to 1:4. There did not seem to be a relationship between restraint use and this

ratio. However, there was an association between use of sedation and use of physical restraint. In most countries, the more patients were physically restrained, the less were sedated. There is an negative association between number of patients restrained and presence of a physical restraint policy.

CONCLUSION. Levels of physical restraint use vary across Europe but its use would appear to be cultural rather than as a result of reduced levels of nurse staffing or a deliberate decision to avoid sedation.

REFERENCE(S). 1) Minnick A. F et al Prevalence and patterns of physical restraint use in the acute care setting Journal Nursing Administration 1998; 28:19-24.

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