

## Introduction

- When children are in medical facilities, they often are required to stay still or be immobilized for their personal safety during...
  - Medical procedures and varying medical processes
  - Aggressive episodes.
- While restraint is often necessary for the physical safety of the child or others, the type of restraint that is used, or lack thereof, is an important consideration.
- The **goal** of this literature review was to identify...
  - the current research and opinions on the use of restraints on children
  - when and why they should be used
  - alternatives to restraint that may be used
  - $\circ$  the ethical issues that come along with it.

### Coverage

- Literature found through Tennessee Technological University Volpe Library search engine and Google Scholar.
- Key Terms used in research:
  - "Child restraint"
  - "Therapeutic holding"
- Definitions:
  - **Restraint**—the restriction of a person's movements via physical force from other people or a device in order to keep the restricted person safe
  - **Therapeutic holding**—the holding of a child that uses less force than restraint, with the goal of helping a child through a procedure or encounter.



## **Current Professional Opinions on the Use of Child Restraints: A** Literature Review

Abby Bowen Faculty Advisor: Dr. Rufaro Chitiyo

## Methodology

A literature review was conducted by reviewing the current published literature related to this topic. The following steps were taken in order to conduct the review on this topic:

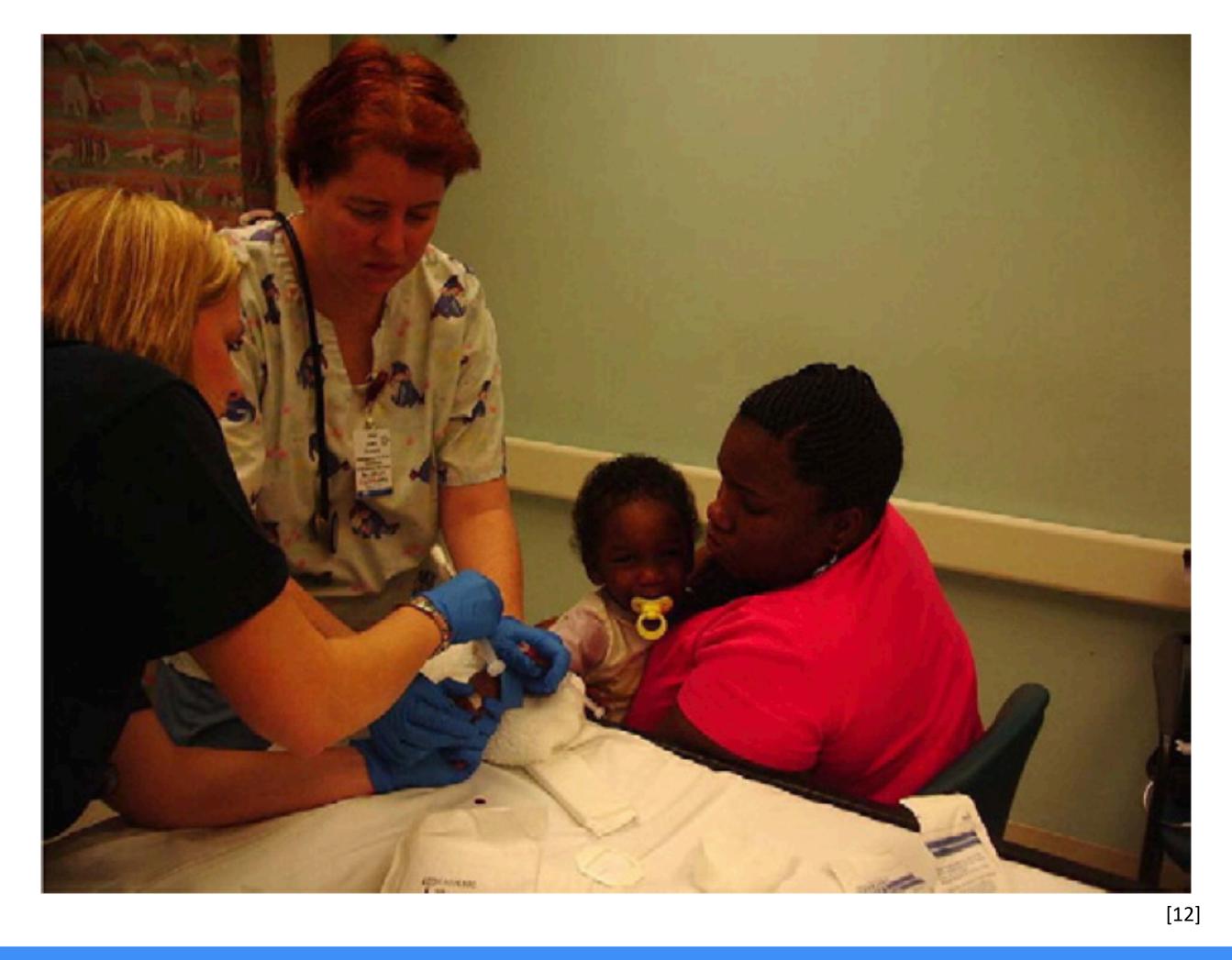
- (1) Developed search terms
- (2) Used search terms to identify articles relevant to topic,
- (3) Reviewed the articles found,
- (4) Selected literature to include in final review,
- (5) Synthesized the information from all the selected literature,
- (6) Summarized findings in literature review.

## Results

- Any sort of physical restraint or restraint device should be used with caution.
- The main consensus among the literature is that *therapeutic holding* and alternative methods of restraint are the **most humane** and should be used if at all possible.
- It is also important to remember that there are *many* ethical gray areas that must be taken seriously and uniquely considered in each case (Kangasniemi et al., 2014).
- While the safety of children and staff are of the utmost concern, it is important to *advocate* for the least threatening forms of restraint that are possible in order to prevent negative outcomes and promote the well-being and humanity of the child.

## Significance

- The use of child restraint in the medical setting is an essential topic of discussion for the following reasons:
  - Restraint poses physical and psychological risks for the child who is being restrained.
  - There are *critical* ethical implications for medical staff that come along with the use of restraint.
- While the use of restraint may be unavoidable at times, therapeutic holding should **always** be used if at all possible due to the risk factors presented by the use of restraint.
  - It is important to note that restraint should only be used when the health and safety of the child and/or staff is in question.



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- points to evidence of increased parental stress as well.

- People's Nursing, 1(4), 159–162. doi:10.12968/jcyn.2007.1.4.24406
- doi:http://dx.doi.org.ezproxy.tntech.edu/ 10.7748/ncyp2014.03.26.2.22.e403
- https://search-proquest-com.ezproxy.tntech.edu/ docview/910067758?accountid=28833
- org.ezproxy.tntech.edu/10.1111/cch.1219Literature Review3
- ouvertes.fr/hal-00666479
- anesthetists. *Pediatric Anesthesia*, 20(7), 638–646. doi:10.1111/j.1460-9592.2010.03324.x
- https://search.proquest.com/docview/577383957? accountid=28833
- 22(20), 1153–1158. Retrieved from http://search.
- Content/comfortkids/pre\_reading\_one.pdf
- org.ezproxy.tntech.edu/10.1007/s10578-015-0608-1



## Conclusions

• There is evidence of a lack communication and education for medical staff about child restraint and therapeutic holding, and the purpose and the appropriateness of restraint, as well as the alternatives. This **MUST** be

• Research clearly indicates that inappropriate use of restraint can cause psychological damage and emotional distress to children, and some research

• Protecting the dignity of the child and reducing the use of restraints should be the number one goal in medical settings, as well as care facilities.

## References

Bigwood, S., & Crowe, M. (2008). 'It's part of the job, but it spoils the job": A phenomenological study of physical

restraint. International Journal of Mental Health Nursing, 17(3), 215–222. doi:https://doi.org/10.1111/j.1447-0349.2008.00526.x Brenner, M., Parahoo, K., & Taggart, L. (2007). Restraint in children's nursing: Addressing the distress. Journal of Children's and Young . Coyne, I., & Scott, P. (2014). Alternatives to restraining children for clinical procedures. Nursing Children and Young People 26(2), 22.

4. Darby, C., & Cardwell, P. (2011). Restraint in the care of children. *Emergency Nurse (through 2013), 19*(7), 14–7. Retrieved from

Deveau, R., & Leitch, S. (2015). The impact of restraint reduction meetings on the use of restrictive physical interventions in English residential services for children and young people. Child: Care, Health & Development, 41(4), 587–592. doi:https://doi-

6. Hert, M., Dirix, N., Demunter, H., & Correll, C. U. (2011). Prevalence and correlates of seclusion and restraint use in children and adolescents: A systematic review. European child & adolescent psychiatry, 20(5), 221-230. Retrieved from https://hal.archives-

Homer, J. R., & Bass, S. (2010). Physically restraining children for induction of general anesthesia: Survey of consultant pediatric

8. Hull, K, & Clarke D. (2010). Restraining children for clinical procedures: A review of the issues. British Journal of Nursing, 19(6), 346-350. Retrieved from http://search.ebscohost.com. ezproxy.tntech.edu/login.aspx?direct=true&db=ccm&AN=105161060&site=ehost-live Jeffery, K. (2010). Supportive holding or restraint: Terminology and practice. *Paediatric Nursing*, 22(6), 24-8. Retrieved from

10. Kangasniemi, M., Papinaho, O., & Korhonen, A. (2014). Nurses' perceptions of the use of restraint in pediatric somatic care. Nursing Ethics, 21(5), 608-620. doi: http://dx.doi.org.ezproxy.tntech.edu/10.1177/0969733013513214 11. Page, A., & McDonnell, A. (2013). Holding children and young people: Defining skills for good practice. British Journal of Nursing,

ebscohost.com.ezproxy.tntech.edu/login.aspx?direct=true&db=ccm&bquery=(SO+(British+Journal+of+Nursing))AND(DT+2013 TI+holding+children+and+young+people)&type=1&searchMode=And&site=ehost-live 12. Sparks, L. A., Setlik, J., & Luhman, J. (2007). Parental holding and positioning to decrease IV distress in young children: A randomized

controlled trial. Journal of pediatric nursing, 22(6), 440–447. Retrieved from https://www.rch.org.au/uploadedFiles/Main/

13. Timbo, W., Sriram, A., Reynolds, E. K., Deboard-lucas, R., Specht, M., Howell, C., . . . Grados, M. A. (2016). Risk factors for seclusion and restraint in a pediatric psychiatry day hospital. Child Psychiatry and Human Development, 47(5), 771-779. doi:http://dx.doi.