MOVEMENT CONTROL MITTS

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Movement Control Mitts are the type of restraint designed by the investigator can be used instead of existing physical restraints to reduce the risk of patient getting access to line/tubes/dressing sites and prevent from flailing or bucking up and down and causing self-injury by controlling the grasping ability of fingers.

It is made up of soft fabric material and a net material covers the dorsal part of the hand. It has detachable waist belt to restraint the hands along with body to prevent the extended movements of upper extremities thereby it facilitates the effective delivery of nursing care and also reduces the possible adverse effects while restraints tied with cot.

Method of application

- 1. Obtain informed consent from patient or relatives
- 2. Insert the patients hand into mitts, palm down
- 3. Wrap the Velcro strap around the smallest part of the patient's wrist and secure it properly.
- 4. Slide one finger flat between the device and inside the patient's wrist to ensure proper fit.
- 5. The strap must ne snug but not compromise circulation.
- 6. Use wrist belt can be attached with the loop of mitts located at sides of wrist straps.

Post Application Care

Assessing the patient's medical condition

Review the patient's medical record for preexisting conditions that can cause behavioral changes—for instance, delirium, intoxication, and adverse drug reactions.

Assessing the patient's behavior

To establish the patient's behavioral baseline, assess his or her mental status, mood, and behavioral control. Appropriate use of as-needed medications can shorten the restraint time. Assess the patient's response to medications.

Assessment during the restraint period

A restrained patient is susceptible to injuries caused by restricted breathing, circulatory problems, and mechanical injuries.

Once restraints have been applied, take steps to ensure a safe, injury-free outcome. Perform a quick head-to-toe assessment to help identify areas of concern or conditions that require further monitoring.

Documentation

Accurate documentation of the restraint episode is vital to safe, effective patient care and provides information that can improve the quality of care. Document the reason for restraint and that you explained the reason to the patient and family.

Meet the required nursing care flowsheet should include the following:

- Patient behavior that indicates the continued need for restraints
- Patient's mental status, including orientation, number and type of restraints used and where they're placed
- Condition of extremities, including circulation and sensation
- Extremity range of motion
- Patient's vital signs



International Research Journal of Education and Technology ISSN 2581-7795

- Provide skin care
- Offer the patients physiological needs like food, fluid, and toileting
- Educate the patient and family about the importance of the restraints.

REFERENCES:

- 1. Maldonado JR. Delirium in the acute care setting: characteristics, diagnosis and treatment. Critical care clinics. 2008 Oct 1;24(4):657-722.
- 2. Granberg A, Engberg IB, Lundberg D. Patients' experience of being critically ill or severely injured and cared for in an intensive care unit in relation to the ICU syndrome. Part I. Intensive and critical care nursing. 1998 Dec 1;14(6):294-307.
- 3. Tripathy K. Epigenetic and therapeutic analysis of various neurological disorders. J. Genet. Syndr. Gene Ther. 2011;2.
- 4. Snead RW, Boon F, Presberg J. Paroxetine for self-injurious behavior. Journal of the American Academy of Child & Adolescent Psychiatry. 1994 Jul.
- 5. Vilke GM, DeBard ML, Chan TC, Ho JD, Dawes DM, Hall C, Curtis MD, Costello MW, Mash DC, Coffman SR, McMullen MJ. Excited delirium syndrome (ExDS): defining based on a review of the literature. The Journal of emergency medicine. 2012 Nov 1;43(5):897-905
- 6. Chang LY, Wang KW, Chao YF. Influence of physical restraint on unplanned extubation of adult intensive care patients: a case-control study. American Journal of Critical Care. 2008 Sep 1;17(5):408-15. 47.
- 7. Suliman M. Prevalence of physical restraint among ventilated intensive care unit patients. Journal of clinical nursing. 2018 Oct;27(19-20):3490-6. 48.
- 8. Ertuğrul B, Özden D. The effect of physical restraint on neurovascular complications in intensive care units. Australian Critical Care. 2019 May 10. 49.
- 9. Liu E, Murgatroyd M, Smith P. PTU-120 An audit of the use of hand control mittens with nasogastric tubes at royal albert edward infirmary.