Caring for a child who is in the hospital can be hard at times. A child may have tubes, intravenous lines (IV’s) or other devices that should not be touched or moved. A child may not be able to understand or cooperate with the need to not touch or remove the tubes or other devices. Children in the hospital may be afraid, confused or receive medicines that affect the way they act. They may be at risk of hurting themselves by pulling on tubes. It can be very hard for a young child not to explore and play with objects around them, because touching and playing with objects are ways that children learn about their world.

While no one wants to see children in danger, the solutions are not simple. Years ago, nurses and doctors quickly placed confused and combative children in restraints to assure safety. Today in our hospital, restraints are only used after less restrictive options have been considered.

**What You Can Do to Help Your Child**

Every effort is made not to place restraints on your child. Your nurse will assess your child and ask for your viewpoint. You can help this effort by doing the following:

- Keep to your child’s daily routine and rituals as much as you can.
- Help your child maintain the ability to walk (when possible).
- Keep your child busy with activities right for your child’s age, such as holding and rocking infants or toddlers.
- Have a familiar adult at the bedside to explain and re-explain things to your child.
- Talk to and soothe your child.
- Keep a close eye on your child at all times. Children, especially younger children and infants, move very quickly and may hurt themselves or pull out a tube in seconds.

The most important thing you can do is to talk with the team of people taking care of your child. You know your child best and can understand his or her needs which is very helpful in planning care. By talking with the health care team, you will know about the treatment plan for your child.

As much as we try, it is not always possible to keep a child restraint-free. At times, restraints are the best choice. The rest of this handout helps to answer common questions that families often have.

- Bring in items familiar to your child, such as photos of parents, siblings and pets; stuffed toys, favorite blankets, or anything that your child may hold for comfort.
What are Restraints?

Restraints are devices that restrict movement to prevent injury to the child. “No-No”s are padded devices in the form of tubes which are placed on a child’s arms to prevent bending the arms and pulling out IV lines or objects on the face or head. If the No-No does not work, soft wrist restraints may be used to tie a child’s arms down to keep from pulling on tubes or dressings.

Why Use Restraints?

When children are confused, afraid or very young, they may be a danger to themselves if not restrained. Restraints limit movement and loss of tubes or dressings. At times, restraints can help nurses and doctors provide care.

How Long Does a Child Need Restraints?

The need for restraints is continually assessed for every patient. As a child becomes less confused or their condition improves, the staff will try to remove the restraints. When the restraints are off, family members or staff may need to be present to remind the child not to touch tubes. The staff will work with you to help you understand how you can be most helpful.

Who Decides to Place Restraints?

The decision to restrain is made by members of your child’s treatment team. This includes doctors and nurses. A family member is consulted whenever possible. Restraints are used as a last choice. Keeping your child safe is our major concern.

How Can I Be Sure My Child is Safe While in Restraints?

Nurses and others will check the child’s safety and comfort every hour. The hospital has policies on caring for children in restraints. The staff is specially trained to be sure all children in restraints are closely checked.

What Do We Do to Assure the Best Care?

When restraints are used, it’s important to let families know why they are being used. Children will sometimes fight against restraints and want them taken off. This is when it’s helpful to talk with the child about what the child can do to have the restraints removed. Your nurse will talk with you about specific behaviors the child needs to do in order to have the restraints removed. For example, when children can follow simple directions and leave tubes, IVs, and other devices in place, then restraints may be removed.

What Does It Feel Like to Be Restrained?

Children vary in their feelings about being restrained. Some children and infants are unaware of the restraints. Other children may feel lonely, isolated, angry, fearful or humiliated. You may hear your child ask, “What did I do wrong?” Your child might feel like the restraint is a punishment. You can help your child by saying the restraint is temporary and that he did not do anything wrong.
How Can I Help My Child while Restraints Are in Use?

- When you can, it is best to **stop by the nurse’s station before entering the patient’s room** for the first time. This will give the nurse a chance to briefly tell you about restraints and why they are being used. This is a good time to ask questions.

- Sometimes, restraints are used because a child is confused. Therefore, it’s best to try to do things that help the child become less confused. It is helpful to tell them:
  - Who you are
  - What day it is
  - Where they are, and
  - Why they are restrained.

- Ask questions that require brief or one-word answers. This helps a child to feel more in control. Simple, short answers to questions also help a child to understand your response.

You also need to be aware of your safety and the safety of the patient. No medicines or sharp objects should be left within reach of a child. Let the nurses know before leaving the child alone. Children and infants can move very quickly and fall from a crib or a bed, even with a parent right beside them.