

A Simple Pediatric Restraint

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This simple method for restraining movement makes procedures with pediatric patients much easier. The method uses a standard readily available bedsheet, is easy to learn, can be modified for use on various body areas, and makes short procedures possible with minimal nursing assistance. Procedures are made more safe by keeping children still without sedatives. Because wrapping in a bedsheet is less threatening to a young child than a standard Velcro® restraint system, the entire procedure proceeds more smoothly than with commercially available restraints. Short procedures that might otherwise need to be referred out can now be performed in the office.

Procedures on infants and young children are made considerably more difficult by having to cope with a “moving target.” Although mild oral or intramuscular sedation was common in the past, multiple reports of morbidity and current recommendations for monitoring render this approach no longer appropriate in an office environment. However, sedation is not necessary, even with an anxious older child, because routine short procedures, such as biopsies, are best performed by restraining the child from excessive movement. In addition, keeping the child still makes preservation of a sterile field possible and shortens the time required for the procedure.

Although commercial Velcro® restraint systems are costly, a standard bedsheet is inexpensive, readily available, and less threatening to the older infant or toddler. Restraining methods are well known to pediatric nurses¹⁻⁸ and are so simple that it is surprising that most physicians are not aware of them.

These techniques vary from merely rolling a blanket tightly around the infant to more complex foldings designed to restrain while exposing different anatomic areas. The method outlined in this article is the most popular among pediatric nurses for providing a tight restraint for either infants or toddlers, especially for head and neck procedures.

Figures 1 through 5 demonstrate the approach. The method utilizes a wrapping over each shoulder

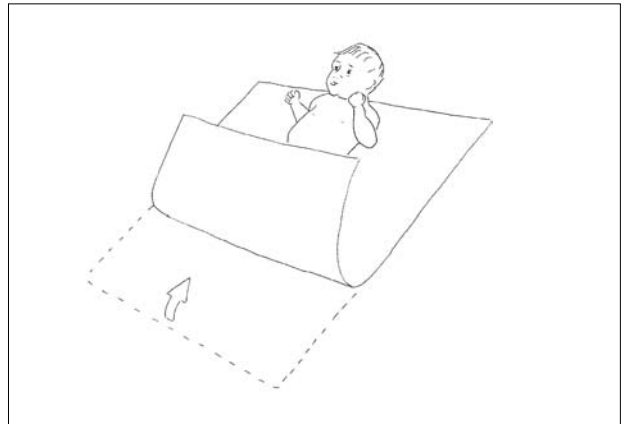


FIGURE 1. The sheet is first folded on itself to make a double layer of material. This adds strength to the wrapping and also avoids large amounts of loose material. The child is placed supine on the sheet with the edge of the sheet at the neck. The child is placed on the sheet so that shoulders are below the top edge of the sheet. The bottom of the sheet is then folded upward to completely cover the child's body.

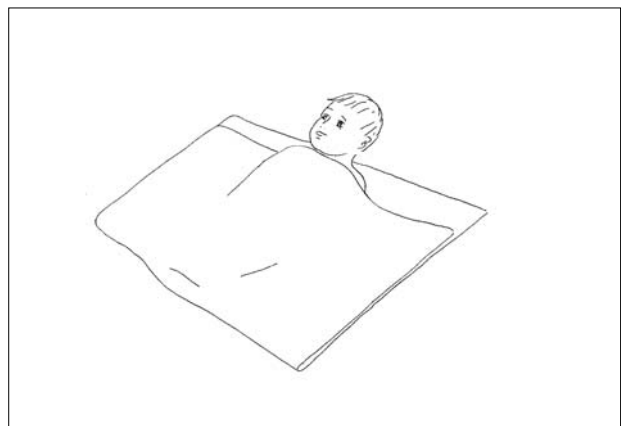


FIGURE 2. Correct position of the sheet. Note that the portion of the sheet the child is lying on extends above the shoulders. This allows the sheet to then be brought over the shoulders and then downward to better restrain the torso and upper extremities.

and then down across the chest, so that the child is not only sandwiched in the sheet but also bound tightly to inhibit further movement. Anyone treating children realizes that no technique is perfect,

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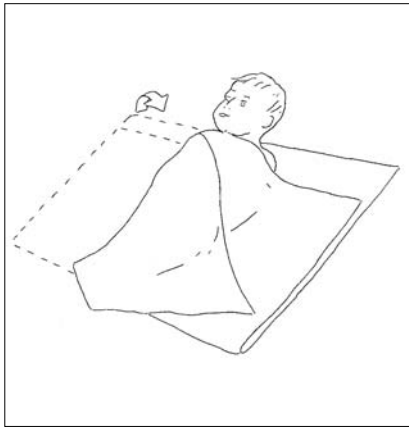


FIGURE 3. The sheet is brought over the shoulder and down across the body at a 45° angle. The end of the sheet is then either tucked under the child or placed flat, but the remaining material must not bunch up next to the child.

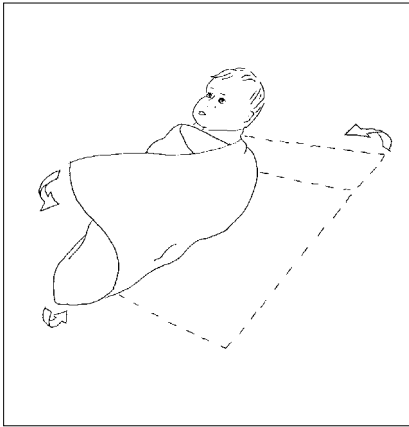


FIGURE 4. The remaining sheet is then brought over the other shoulder and down across the body at a 45° angle. The extra material is tucked under the baby. Any extra sheeting at the feet is also tucked underneath, forming a papoose child. This uses the child's own weight for restraint.

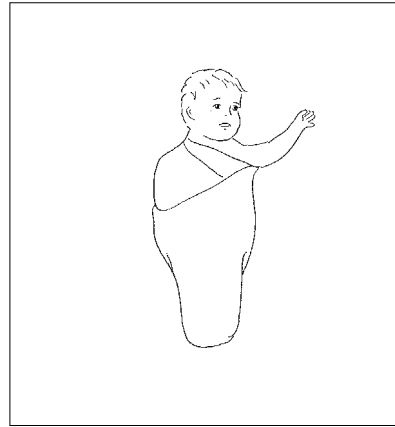


FIGURE 5. Variation of the procedure to allow for an exposed upper extremity. As long as the blanket is very tightly tucked under the child, movement will be minimized.

but with a little practice, this approach makes holding a child down easier than trying to restrain a body and 4 moving extremities.

The sheet is first folded on itself to make a double layer of material. This adds strength to the wrapping and also avoids large amounts of loose material. The child is placed supine on the sheet with the edge of the sheet at the neck (Figure 1). The sheet is then folded upward over the feet to the chest, to essentially sandwich the child (Figure 2).

The next fold is very important (Figure 3). One side of the sheet is folded over the child's shoulder and down tightly across the chest at a 45° angle. The sheet should then either be tucked under the child or placed flat, but the remaining material must not bunch up next to the child. Just drape tightly as seen in Figure 3, making sure that the child's arms are at his/her sides.

The remaining side (Figure 4) is then wrapped over the other shoulder and down across the chest again at a 45° angle. The extra material is tightly wrapped under the child. Any extra sheeting at the feet is also tucked underneath, forming a papoose child.

The procedure can be quickly modified to leave an extremity exposed (Figure 5). Further control of the exposed extremity is obtained by wrapping a magazine over the large joints, such as the elbow or the

knee. Similarly, the torso can be exposed by bringing the front of the sheet only up to the child's waist in a variation of Figures 1 and 2, and modifying the remaining wrap accordingly. In exposing the torso, the sheet is still wrapped over the shoulder, but then each side is draped around the respective arm. The draped arm is placed underneath the child so its own weight keeps the arm immobilized.

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