

**PARKLAND HEALTH & HOSPITAL SYSTEM
LEADERSHIP & ORGANIZATIONAL DEVELOPMENT**

**COMPETENCY VALIDATION
LIMB RESTRAINT**

Name: _____ ID#: _____

Unit: _____ Date: _____

Limb Restraints	1st Attempt (P or F)	2nd Attempt (P or F)	Comments
1. Obtain Physician's order and identifies patient using a two patient identifier.			
2. Gather supplies			
3. Washes hands (can verbalize).			
4. Identifies the patient utilizing two forms of identification and explains procedure to the patient.			
5. Dons gloves			
6. Applies limb restraints			
7. Ensures restraint is no tighter than two finger widths.			
8. Ensures restraint strap is secured out of patient's reach using the quick release buckle to the movable part of bed frame			
9. Ensures the restraint will not tighten or loosen when the anchoring site is moved			
10. Provides for patient safety: a. call light b. bed in low position c. frequent observation			
11. Describes 5 patient care needs for the patient in restraints: a. adequate airway b. limb holders released and ROM performed c. circulation checks d. position changed e. toileting needs met f. fluids/food offered g. assisting with meals h. patient/family education done			

The completion of this form validates the above nurse's competency for this skill.

#1 Pass / Fail Competency Validator Signature: _____

#2 Pass / Fail Competency Validator Signature: _____