

Table 10: Summary of Recommendations in Included Guideline

Recommendations	Strength of Evidence
International Affairs and Best Practice Guidelines, 2016 ²⁴	
<ul style="list-style-type: none"> • <i>“Use principles of least restraint/restraint as a last resort when caring for older adults.</i> • <i>Physical restraints may be required for people with delirium in certain cases (e.g., risk of extubation); however, restraints are associated with an increased risk of delirium (Brooks, 2012; Inouye et al., 2014) and should be avoided as much as possible.</i> • <i>It is also recommended that restraints be used as a last resort for people with dementia. One clinical guideline points out that restraints may be necessary for pronounced and potentially harmful agitation when alternative approaches have been ineffective (Development Group, 2010).</i> • <i>If restraints are deemed necessary, the least restraint (i.e., the least restrictive form of restraint) should be applied (CNO, 2009b). Furthermore, the health care provider should maintain appropriate documentation (e.g., justification of restraint), actively monitor and reevaluate restraint use, and provide education and reassurance to the person and his/her family.</i> • <i>Health care providers should also be aware of legislation or policies regarding restraint use that are applicable to their setting and scope of practice” (p 43)</i> 	<p>Level of evidence: V ; “Evidence obtained from expert opinion or committee reports, and/or clinical experiences of respected authorities”</p> <p>Note. Level V was lowest rank level of evidence for this guideline.</p>