

THE USE OF HAND MITTENS

The use of hand retaining mittens to prevent harm by preventing patients from pulling out invasive devices, lines or tubes in the care of patients who lack mental capacity to consent to their use, is restraint.

The circumstances in which hand retaining mittens may be used:

Restraint can only be used where a patient lacks mental capacity to consent to it if:

- The staff member reasonably believes that it is necessary to prevent harm to the patient **and**
- The restraint is proportionate both to the likelihood and seriousness of harm **and**
- The restraint must be in the patient's best interests **and**
- The restraint is the least restrictive, appropriate means by which to keep the patient safe from harm.

Who decides about the use of restraint? (Section 5 Mental Capacity Act Code of Practice).

Many different people may need to make decisions or act on behalf of someone who lacks capacity to make decisions for themselves. The person making the decision is referred to as the 'decision-maker', and it is the decision-maker's responsibility to work out what would be in the best interests of the person who lacks capacity.

- Where the decision involves the provision of medical treatment, the clinician responsible for carrying out the particular treatment or procedure is the decision-maker, or
- If a Lasting Power of Attorney has been made and registered, or a deputy has been appointed under a court order, the attorney or deputy will be the decision-maker, for decisions within the scope of their authority

The decision-maker for the use of hand retaining mittens is likely to be the nurse caring for the patient at the time mittens are applied or worn.

After application of the mittens, the patient's response to the restraint must be monitored and their use reviewed. If it appears that their use is causing more harm, including agitation and distress, than the harm the patient may experience without the mittens, then their use should be discontinued.

CARE PLAN FOR THE USE OF HAND MITTENS

Addressograph

Please ensure you update this care plan regularly and provide further details in the patient's notes if required

Date		Issue	Aim/ Process	Prescribed Action	Nurse name (please print)
	1.	Maintaining patient safety in relation to invasive devices/lines or tubes. Please specify.....	To prevent harm and maintain patient safety	To consider the use of hand retaining mittens to retain invasive devices/ lines or tubes	
	2.	Mental Capacity (Age 16 plus) Is there reason to doubt that the patient has capacity to consent to hand restraints?	If NO reason to doubt , hand restraints may be used with patient's consent	If YES complete a Mental Capacity assessment and attach form to this care plan	
	3.	Advance Decision to refuse treatment (Age 18 plus) Has the patient made a valid and applicable advance decision regarding use of hand restraints?	If NO , go to box 4	If YES hand restraints cannot be used on this patient	
	4.	LPA or CAD Has the patient made a personal welfare Lasting Power of Attorney , or does the person have a Court Appointed Deputy ?	If NO , go to box 5	If YES consent may be required for the use of hand restraints from the Attorney/ CAD Sign when consent obtained -	
	5.	Best Interests <ul style="list-style-type: none"> Is the restraint to prevent harm to the patient? Is it use proportionate to the likelihood and severity of harm? Is it the least restrictive appropriate way of addressing the harm? Is it in the patient's best interests? (Refer to Best Interests Checklist) 	Ensure that the record of the decision to use mitts covers all 4 points.	Please attach best interests form showing how best interests have been determined or state where this information is recorded.	

	6.	Decision Maker Please record details of decision maker for the initial use of hand retaining mittens. Name: Designation: Date: Review Date:	The clinician responsible for the patient takes responsibility for ensuring that relevant staff are aware of this care plan and are following it.	The clinician responsible for the patient needs to ensure that the use of mittens is monitored and reviewed each shift. Record continuing need and effectiveness of hand retaining mittens.	
	7.	Patient Safety Potential risk to patient's safety through the use of hand retaining mittens.	To ensure patient safety is maintained.	Apply the hand retaining mittens following the safety information leaflet provided in each pack NOTE: Bed straps must NOT be used on general wards. They may only be used in Critical Care.	
	8.	Skin Integrity Potential for pressure damage to patient's hands or wrists	To prevent pressure damage to the patient's hands or wrists. To remove restraint at intervals.	Follow skin bundle, ensuring the hand mittens are removed and hands are checked at least every 8 hours and mittens removed when staff or visitors are present at the bedside.	
	9.	The Senior Nurse must be informed and sign this form	Informed by: Designation: Date:	Reviewed by Senior Nurse: Name: Date:	
	10.	Date when first applied Date when discontinued	Date..... Date.....	Reason discontinued.....	