

CLINICAL DO'S & DON'TS

Using a mummy restraint

By Jill Rushing, RN, MSN

YOU MAY NEED TO temporarily immobilize an infant or a young child during a healthcare-related procedure to ensure his safety and the success of the procedure. Restraining him skillfully, and only when necessary, will minimize his stress and that of his family.

**DO**

- Explain the reason for the restraint, but don't call it a mummy restraint because this term may frighten an older child or his parents. Tell them that it's only temporary.
- Encourage parental participation. Explain how parents can emotionally support their child by staying near him, talking softly, or stroking him.
- Place a small blanket on the examination table or bed on a diagonal, then fold down one corner.
- Put the child on the blanket, with his shoulders along the folded edge and his head above the edge of the fold.

◀ Firmly pull one corner of the blanket across his body and secure it beneath his opposite shoulder or beneath the opposite side of his body if you need to keep his arm free.

◀ Bring the bottom up and secure the ends of the blanket with tape if needed to keep it in place. Bring the second corner across his body, tucking it into place under his back.

- Continuously monitor the child's airway and circulation.
- Modify the mummy wrap as needed to provide access to different parts of the child's body, depending upon the procedure.
- Properly position the child for the procedure and provide support and guidance during it.
- Remove the restraint as soon as it's no longer necessary. Document the need for and use of the restraint.

DON'T

- Don't cover the child's face.
- Don't obstruct his airway.
- Don't impair his circulation. ✧

RESOURCES

Bowden VR, Greenberg CS. *Pediatric Nursing Procedures*. 2nd ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2008.

Hockenberry MJ, Wilson D. *Wong's Nursing Care of Infants and Children*. 8th ed. St. Louis, MO: Mosby; 2007.

Smith-Temple J, Johnson JY, eds. *Nurses' Guide to Clinical Procedures*. 5th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2006.

Tomlinson D. Physical restraint during procedures: issues and implications for practice. *J Pediatr Oncol Nurs*. 2004;21(5):258-263.

Jill Rushing is a nursing instructor at the University of Southern Mississippi in Hattiesburg. Richard L. Pullen, Jr., RN, EdD, coordinates *Clinical Do's & Don'ts*, which illustrates key clinical points for a common nursing procedure. Because of space constraints, it's not comprehensive.