**Appendix C**

abc

**Patient ID Label**

**Ward:**

**Date: / /**

**Hand Control Mittens (Posey Mitts) Documentation**

**Indications For Use:**

* Patients assessed to be at risk of disrupting life-saving treatments (e.g., chronic tube pulling).
* Patients assessed to be at risk of line pulling, which may prevent monitoring of vital signs.
* Patients whose picking, pulling, scratching, or peeling exacerbates a skin condition, causes self injury, or compromises wound site integrity.

**Absolute contraindications to Hand Control Mittens:**

* Any patient with unstable upper limb injury
* Insufficient number of nurses on a shift to have a 1:1 nursing ratio
* Over a renal shunt or arterial line.
* Upper limb lymphedema
* Highly aggressive, combative, agitated or suicidal

**Relative contraindications to Hand Control Mittens**

* Patients who are anti-coagulated or have a coagulopathy.
* Open wounds or skin grafts on upper limbs
* General condition of the patient’s skin and increased ‘Braden Score’ must prompt consideration as to whether physical restraint is appropriate for the patient (mittens do not restrict movement).

**Risk Assessment Checklist- please circle:**

|  |  |  |
| --- | --- | --- |
|  |  | Initials |
| Unstable upper limb injury | No |  |
| 1:1 Nursing support available | No |  |
| Over a renal shunt or arterial line | No |  |
| Upper limb Lymphedema | No |  |
| Highly aggressive/ combative/agitated or suicidal | No |  |
|  |  |  |
| Anticoagulated/ coagulopathy | Yes/ No |  |
| Open skin wounds or grafts on upper limb | Yes/ No |  |
| General poor skin condition or increase in Braden score | Yes/ No |  |
|  |  |  |
| Patient consented if capacitated | Yes |  |
| Consultant led Best Interest Decision documented if lacks capacity | Yes |  |
| If lacks capacity friends/ family consulted | Yes |  |
| Datix completed for use of hand control mittens | Yes |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Time -Hourly** | **Mitt Secured** | **Mitt intact** | **Hand Skin intact** | **Hand Neuro- vasc intact** |
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**Monitoring of Hand Control Mittens**

**Which hand/ hands have a Hand Control Mitten?**

**Right Left**

**Patient ID Label**