**Brief Critique**

**Reducing Use of Restraints in Intensive Care Units**

          The authors’ argument is the reduction and sustaining the restraint rates in the five Intensive care units. Their arguments address the application of physical restraints that increased since the 1990s entirely in the healthcare organizations as the patients’ asperity of illness heightened. This has called for exhaustive healing treatments plaguing the health care practitioners required to balance the responsibility of offering quality evidence-based care at the same time providing safer care to the patients.

Initially, the objective of the physical restraint in the ICUs was to reduce the potential pernicious ramifications interfering with treatment such chest tubes, catheters, tracheal or venous access devices removal.

The intended audiences for this report are to the nursing units as well as the critical care clinical care specialist team as well as the general nursing staff in critical care units.

The authors in the report have applied nursing practice survey from the year 2012 after application of the alternative mitigation in the following year of 2013. The rates of restraints applied in various fields of critical care such as neurological critical care units and cardiovascular critical care units. Their findings show a reduction of restraints fostered improved compliance among the nurse and various healthcare providers offering valid evidence for the report. Therefore, collaborative restraints that involve multiple nursing units can lower the application of restraints in ICUs using this safe approach.

**Reference**

Mitchell, D. A., Panchisin, T., & Seckel, M. A. (2018). Reducing Use of Restraints in Intensive Care Units: A Quality Improvement Project. *Critical Care Nurse*, *38*(4), e8-e16.