

Envisioning Zero: A Path to Eliminating Restraint Use in Children's Hospitals

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U.S. children's hospitals care for many youth with mental health conditions who may exhibit agitated or aggressive behaviors during their hospitalization. Despite their dehumanizing and traumatic effects, physical and pharmacologic restraints are used to manage these behaviors when less-restrictive deescalation measures fail. Emerging research has unveiled inequities in pediatric physical and pharmacologic restraint use among youth hospitalized at US children's hospitals, with Black children experiencing more frequent physical restraint in emergency department (ED) and medical inpatient settings, and more frequent pharmacologic restraint in EDs. In this issue of *Pediatrics*, Calabrese et al and Masserano et al provide further evidence of disparities in physical and pharmacologic restraint use at U.S. children's hospitals, especially for children with autism spectrum disorder (ASD).

Journal:

[Pediatrics](#)

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