PURPOSE: The goal of weighted modalities is to reduce stress, facilitate self-organization, reality orientation, activity tolerance and general awareness of one’s self in the environment. Additionally, weighted modalities can be used to increase a client’s tolerance for participation during group treatment sessions and in sensory modulation treatments and sleep hygiene. One of the most important and therapeutic qualities of weighted modalities is that they are self-applied and are under the control of the individuals using them.

SCOPE: All Physicians; Occupational Therapists and Assistants; RNs; LPNs; MHAs; Rehabilitation Therapists; Unit Directors and Program Managers.

POLICY:

Weighted modalities will be prescribed by a physician and included as a therapeutic intervention in the person’s Treatment Plan to assist in a person’s recovery.

Description: Weighted modalities are used as a type of self-regulation technique to both soothe and comfort a person in times of stress as well as to facilitate cognitive organization. Weighted modalities include blankets, lap-pads/shawls, weighted stuffed animals and vests.

Definitions:

Weighted Blankets: A blanket containing weights used as a calming/comforting tool with patients. (Weight range 10% of bodyweight to a maximum of 20 lbs.) (An exception to exceed 20 lbs. may be considered in cases in which a client enters CVH from another facility where greater weights were being used and the client has acclimated to this greater weight).

Lap Pads/Shawls: A lap pad containing weights used as a calming/comforting tool with patients when sitting. (Weight is not to exceed 10 lbs.)

Weighted Stuffed Animals: A stuffed animal containing weights used as a calming/comforting technique. Ordered for a specific patient (typically a young adult, geriatric or cognitively impaired individual). (Weight is not to exceed 5 lbs.)

Weighted Vests: A vest containing weights that is best utilized for sustained attention during a cognitive activity. (Weight is to be determined on an individual basis).
PROCEDURE:

On admission, annually or more frequently as indicated, the treatment team with the person in recovery and in consultation with an Occupational Therapist will consider whether the therapeutic use of weighted modalities might be a helpful intervention, and under what circumstances. This will be based in part on the assessments of Occupational Therapy (OT), Nursing, Psychiatry, Psychology, Ambulatory Care Services (ACS), and Patient Preferences.

If the team and the person in recovery feel that weighted modalities would be helpful, it will be written into the Treatment Plan as either part of an OT treatment or as a PRN nursing intervention. The ACS Clinician and a nurse will assure that the person in recovery has no medical conditions that would preclude its use. A 30-day order will then be written for the type of weighted modality, most often as a prn, with the indication for its use (for example: anxiety, agitation, to regain self-control) and length of time to be used e.g., 45 minutes to 1 hour.

Prior to use an OT or RN will show the person in recovery how to use the weighted modality. At no time should the weighted blanket cover an individual’s head. Client and staff will also discuss where on the treatment unit the modality might be used to be of maximal benefit. Examples would include the Comfort Room and the person’s bedroom as well as others to be determined by the user that fit in with the needs of the community. Additional sensory calming techniques can also be incorporated, such as calming music or verbal relaxation.

If a patient has any medical and/or psychological conditions that may prevent the use of the weighted modality (See Modality Specific Guidelines #4 and #5), the psychiatrist and/or the ACS Clinician, members of the treatment team and the person in recovery will discuss the benefits, risks and possible outcomes (positive and negative). Direct supervision of the client while using the weighted modality would be recommended until safety of use is demonstrated.

When a person in recovery asks to use a weighted modality, the RN will insure that there are no medical or psychological precautions that prevent the use of the weighted modality (See Modality Specific Guidelines #4 and #5). The nurse will also determine whether any type of special monitoring needs to be done: vital signs, oxygen saturation, blood pressure, hydration status, body temperature.

A progress note will be written noting the circumstance around the use of the therapeutic intervention and its effectiveness based on both the patient’s as well as staff’s perception.

Manufacturer’s instructions are to be followed for care and cleaning of weighted modalities with adherence to infection control measures at all times. Upon discovery of damage to any item, the item will be removed from use until it is repaired or replaced.

I. Modality Specific Guidelines

Weighted Blankets

1. A variety of weighted blankets are available for individual use, either when lying in bed or for use in a seated position. Patients should be discouraged from carrying the weighted blankets around for their own safety.
2. The standard weight formula that most professionals use is 10% of body weight. Some individuals have a need for a very deep pressure that is greater than the initial formula or they acclimate to it and need to change to a slightly heavier blanket (e.g., 8-10 lbs. heavier). It is recommended to begin with a low weight blanket (i.e. 10 lbs. to 15 lbs.), and increase to a maximum of 20 lbs. in most circumstances.

3. After completion of appropriate assessments, weighted blankets should be provided to patients for use by a licensed Occupational Therapist or at the Charge Nurse’s discretion.

4. There are some medical conditions that may prevent the use of the weighted blanket. For example: poor skin integrity or open wounds; recent surgery; healing fractures; pregnancy; lifting precautions; temperature regulation issues; certain respiratory conditions; certain cardiac conditions; and the elderly frail or those with dementia.

5. Some psychological conditions such as history of trauma, PTSD and claustrophobia may preclude use.

6. The weighted blanket is never to be used as a restraint or during the restraint process rather they are to be properly adjusted by staff to meet the overall comfort, preferences and physical needs of each patient.

7. When used during the day, it is recommended that the individual use the blanket from 45 to 60 minutes with a safety check after the first 15 minutes. Using the blanket continuously decreases its effectiveness because the neurological system and body become acclimated to it and the input is no longer meaningful (organizing/calming).

8. If a person comes to the hospital and brings his/her own weighted blanket, the Occupational Therapist will assess for safety and clinical appropriateness.

9. Manufacturer’s instructions must be followed for care and cleaning of weighted modalities with adherence to infection control measures at all times. Upon discovery of damage to any item, the item will be removed from use until it is repaired or replaced.

10. When a weighted item such as a blanket or shawl is distributed to a client, it is to be used only by that client during the duration of the client’s stay. If the client is discharged from the facility or in the event the use of the weighted item is discontinued as a treatment intervention, the item (and cover if used) will be returned to its source for proper laundering and storage. The OT department stocks many of the weighted items at CVH but some nursing units also store them.

11. For longer term hospital clients using a weighted item, the covers (if in use) are to be laundered once per month or when visibly soiled and the weighted item itself must be cleaned according to manufacturer’s instructions or when visibly soiled.

12. Covers for weighted blankets are to be laundered by nursing staff.

13. Weighted items such as blankets in need of cleaning or laundering will be washed by the Occupational Therapy Supervisor and are to be returned to the client once a safety inspection has been conducted and manufacturer’s instructions for cleaning have been followed.

**Weighted Vests**

1. The person needs to be assisted when putting the vest on and off to avoid potential injuries.
2. The use of this device is limited to facilitate a seated task when focused attention is necessary for a limited amount of time e.g., group learning opportunity.