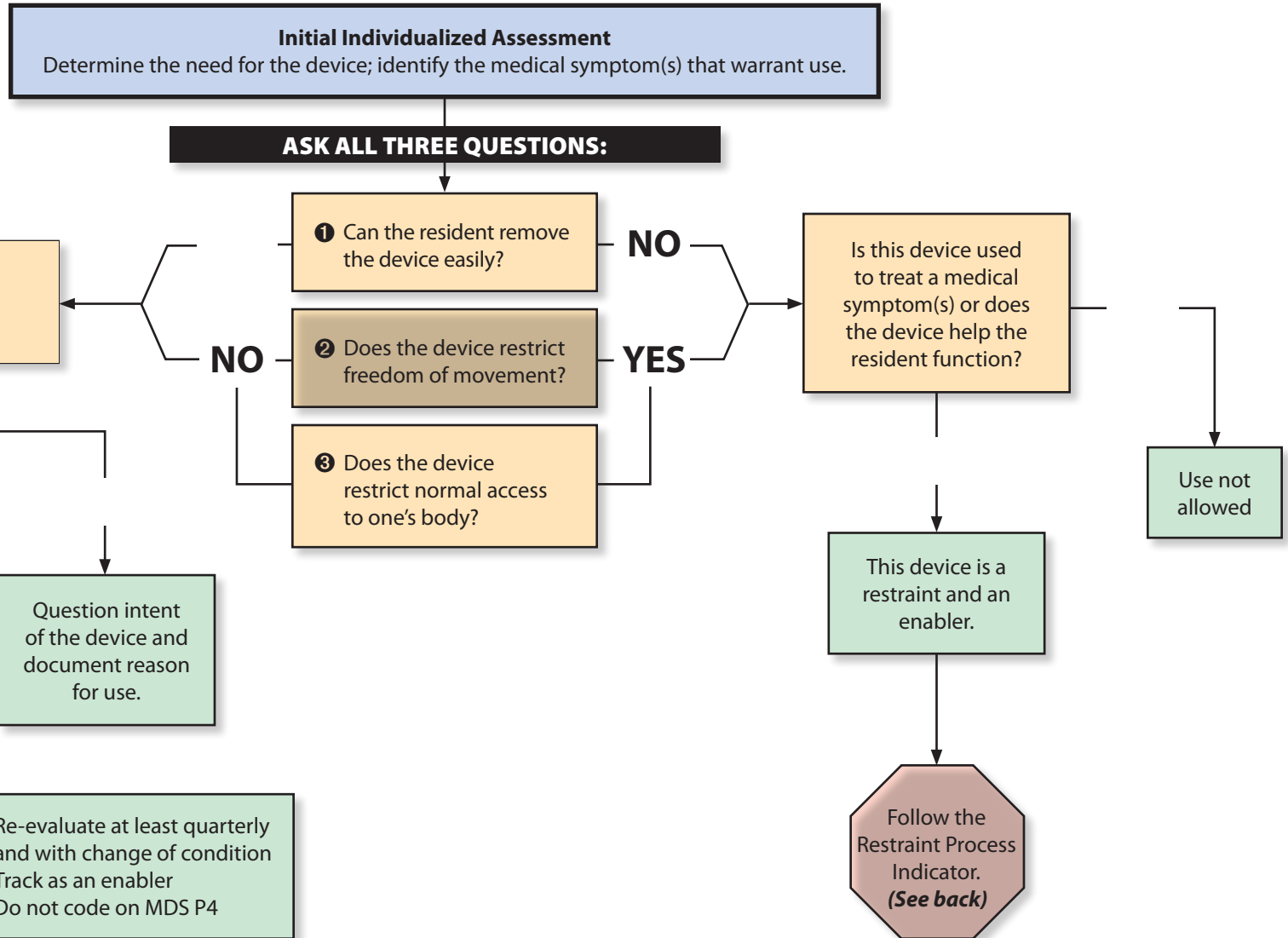


Restraint / Enabler Decision Flowchart



MDS SECTION P: Physical Restraints (7-day look back)

INTENT: To record how often a resident was restrained by any of the following devices at any time, day or night, over the past 7 days: full bed rails, other types of bed rails, trunk restraint, limb restraint, chair preventing rising. During the assessment process, evaluate whether or not a device meets the definition of a physical restraint. Code only those devices as physical restraints if they meet the definition.

DEFINITION: "Physical restraints are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that he or she cannot remove easily which restricts freedom of movement or normal access to one's body."

SOURCE: CMS RAI Version 2.0 Manual; Chapter 3: MCS Items [P]; Revised December 2002; Page 3-198

Restraint Process Indicator:

STEP 1: Assessment and Problem Recognition

1. Did you identify and document a detailed history of the symptom for which you are using or proposing to use a restraint?
2. Did you recognize any triggers for restraint use on the Minimum Data Set (MDS)?
3. Did you identify whether the problem is chronic and irreversible or acute and reversible?
4. Did you attempt to find alternate ways to manage the problem? Did you explain to the resident and family why restraints were necessary?
5. Did you notify a physician or advanced practice nurse/physician assistant about symptoms that could require restraint use?

STEP 2: Diagnosis and Identify Cause

6. Did you identify likely causes (for example, medication side effects or environmental factors) of falling, problematic behavior, or some other problem for which you propose to use a restraint or are already using one?
7. Did the physician or advanced practice nurse/physician assistant help identify specific medical symptoms that led to the use or proposed use of the restraint?
8. If the resident was not evaluated for the medical symptom(s) causing a need for restraints, did you document why?

*Physician orders must reflect the presence of a medical symptom; however, the order alone is not sufficient to warrant use.

STEP 3: Care Plan – Treatment and Management

9. Did you try to use alternatives before using a restraint?
10. Did you identify reasons for selecting a specific device and base the use on risks and benefits for the resident?
11. Did you manage identified or probable causes of falling, problematic behavior, or another condition for which a restraint is used OR did you explain why the causes could not or should not be managed?
12. Did you use the restraint correctly? For example, did you apply it correctly, release it at the right time? Did you consider the risk factors associated with restraint use according to the manufacturer guidelines and plan how to minimize risks?
13. Did you identify a goal for restraint use, including least restrictive and reduction (i.e., correction of underlying causes)?

STEP 4: Monitoring

14. Did you monitor the impact of the restraint on the resident and the problems or risks for which it was used?
15. Did you monitor for complications related to the restraint and stop or adjust use accordingly?
16. If you continued to use a restraint despite complications, did you explain why continued use was needed?
17. Did you periodically (at least quarterly) reassess the resident for continued need for restraint?