Definitions:

"Physical Restraints"

- Any manual method, physical or mechanical device, or equipment attached to, or adjacent to the Resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's own body. (42CFR 483.13(a))
- Includes but not limited to, any article, device, or garment that interferes with the free of movement of the resident and that he is unable to remove easily, a geriatric chair, or a locked room door. (ORC 3721.10(F))

"Freedom of Movement"

- The ability of the resident to move around within the context of the resident's functional capacity as assessed by the facility (e.g. Does the item prevent the resident from performing an action that they are otherwise capable of performing)

Restraint Protocol

Comprehensive Assessment and Evaluation
(Utilize restraint and other related RAPS also)

- Physical Exam & medical history
- Observation
- Interview resident &/or family

Validation tools, tests, measures

- Assessment log • ADL Scales
- Fall Scales • Functional capacity test
- Barrier check list

Explore underlying medical & environmental conditions

- Gait; Cognition; Impaired communication; Environment; Medication; Cardiovascular Insufficiency; Infection; Hyperglycemia/hypoglycemia; Dehydration/Constipation; Sleep Problems; Pain; Wandering

Explore

- When the need is occurring? What is the cause? Who is around at the time? Why didn't alternatives work? What is the least restrictive device? What is the time frame? Will it elevate the resident's quality of life?

Interdisciplinary Team/Restraint Committee Meeting

- Evaluate all factors leading to the consideration of the device
- Assure all of the resident's needs are being met
- Investigate alternatives to the restraint and assure all measures have proven to be unsuccessful
- Evaluate and weigh the risk and the benefits of the restraint use
- Develop measures to minimize risks and the resident's decline
- Develop resident specific staff education plan

Physician Orders

- Specify date, type of restraint, reason for use and duration of restraint. (Consider obtaining self limiting time frame. i.e."48 hours "

Consent

- Fully informed consent; includes risks

Comprehensive Care Plan

- Developed with resident &/or families involvement
- Risks and benefits identified & resident & family fully informed
- Medical symptoms identified
- Safety issues identified
- Identify measures to minimize risk of functional decline
- Determine least restrictive device
- Specify the type of restraint, when used & when to be released
- Establish restraint free time
- Revisit at least monthly and with change of condition

Implementation of Care Plan and Staff Education
Track as a restraint; consider use of log
Code on the MDS in P4

Team to revisit the restraint usage at least monthly
Reassess resident at least quarterly and with any change of condition