

# Survey Readiness Tools - Physical Restraints



<b>Physical Restraint F-604:</b> A physical restraint is any manual method, physical or mechanical device, equipment, or material that meets all three of the below criteria.	<b>Yes</b>	<b>No</b>
Is the item attached to or adjacent to the resident's body?		
Can the resident easily remove it? ( <i>Removes "easily" means the item can be removed intentionally by the resident in the same manner as it was applied by the staff.</i> )		
Does it restrict the resident's freedom of movement? ( <i>"Freedom of movement" means any change in place or position for the body or any part of the body that the person is physically able to control.</i> )		
<b>Restraint Protocol</b>	<b>Yes</b>	<b>No</b>
Is the restraint used for convenience? ( <i>Convenience is defined as a result of any action that has the effect of altering a resident's behavior such as the resident requires a lesser amount of effort or care, and it is not in the resident's best interest.</i> )		
Is the restraint used for disciplinary action? ( <i>Discipline is defined as any action taken by the facility for the purpose of punishing or penalizing residents.</i> )		
Is the restraint used to unnecessarily inhibit a resident's freedom of movement or activity?		
Is the restraint used for circumstances in which the resident has medical symptoms that may warrant the use of restraints? ( <i>Medical symptom is defined as an indication or characteristic of a physical or psychological condition.</i> )		

<b>When Using a Restraint</b>	<b>Yes</b>	<b>No</b>
Is there documentation on the medical symptom being treated?		
Is the restraint used in the least restrictive manner for the least amount of time?		
Is there ongoing reevaluation for the need of the restraint?		

<b>Resident Request</b>	<b>Yes</b>	<b>No</b>
Is the resident fully informed about the following?		
• The risks and benefits of all options, including using the restraint and alternatives.		
• How the use of the restraint will treat the resident's medical symptoms and assist the resident in attaining or maintaining his/her highest practicable physical and psychosocial well-being.		
• The possible negative outcomes of restraint use, including physical decline, muscle condition, contractures, infections, development of pressure sores/ulcers, delirium, agitation, falls, reduced independence, reduced functional capacity, reduced quality of life, and incontinence.		

<b>Informed Consent</b>	<b>Yes</b>	<b>No</b>
Was written consent obtained from the resident or authorized representative prior to use?		
If the order is from a transfer healthcare facility, is it for 24 hours?		

<b>Implementation</b>	<b>Yes</b>	<b>No</b>
Is correct restraint application supervised by a nurse?		
Is the restraint applied per manufacturers' instructions?		
Is the resident monitored at a minimum of every 30 minutes while the restraint is in use?		

Physician Involvement	Yes	No
Is there an order for the restraint? Does it include a specific type, reason, medical symptom, and duration of the restraint?		
Did the physician personally examine the resident prior to use and document restraint authorization?		
Is the physician personally examining the resident and restraint every 30 days after the initial restraint authorization?		

Individualized Comprehensive Assessment - Components	Yes	No
Is the resident's level of physical functioning identified, including whether the resident can remove the restraint?		
Does the restraint impact the resident's quality of life?		
Is the underlying cause of the medical symptom identified?		
Does the documentation show a process for restraint reduction?		
Is there direct monitoring / supervision during use?		
Is the resident's needs, hydration, and re-positioning during the time using the restraint addressed?		
Is the least restrictive restraint being used?		
Does the assessment incorporate the restraint and other relevant conditions?		
Does the specific medical symptom warrant the device?		
Have all other possible interventions been ruled out?		
Has the resident and representative been involved in a risk-benefit analysis?		
Are all of the following being assessed?		
• What has happened /or is happening to the resident (medical symptom)?		
• When is the need occurring?		
• What is the cause?		
• What interventions have been tried previously?		
• Why didn't the alternative work?		
• What is the least restrictive device?		
• What is the time frame?		
• Will it elevate the resident's quality of life?		
• Was the resident's level of functional status assessed for the following?		
◦ What is important for the resident to maintain?		
◦ What quality of life area will use of the device improve, maintain or enhance?		
◦ How are the resident's psychosocial needs addressed?		

Comprehensive Individualized Plan of Care	Yes	No
Is it developed with input from the resident and/or representative?		
Is it based on informed choice? Are risks and benefits identified and explained to the resident/representative?		
Does it identify measures to minimize the risk of resident decline?		
Does it identify measures to maintain strength and mobility (including rehabilitative and restorative care)?		
Does it identify the type of restraint, when it should be used and when it should be released?		
Does it address the medical symptoms of the resident?		
Does it address safety issues?		
Does it address meaningful activities and other psychosocial needs?		
Is the plan of care evaluated and revised as necessary?		

Interdisciplinary Team Meeting	Yes	No
Is there documentation of the following?		
• The evaluation of relevant factors leading to the consideration of a device.		
• That residents' needs are being met.		
• The need to use the restraint (and that it is not the result of an unmet need).		
• The investigation of alternatives to restraints.		
• That alternative measures have been exhausted and found to be unsuccessful.		
• The restraint is tested from least restrictive to most restrictive.		
• The risks and benefits of restraint use have been weighed.		
• The measures taken to minimize risks and resident decline.		
• If the restraint being requested by the resident and/or representative is assessed.		
• The resident and/or representative being fully informed of potential negative outcomes, risks, benefits, and alternatives.		
• The legal representative's decisions are based upon treating the medical symptom and not for convenience or discipline.		
• The restraint assists the resident with attaining or maintaining his/her highest level of physical and psychosocial well-being.		

Psychosocial Impact Care Response	Yes	No
Is the resident exhibiting any of the following?		
• Socially withdrawn, depression, or reduced social contact due to the loss of autonomy.		
• Experiencing shame.		
• Experiencing panic, feeling threatened.		
• Experiencing agitation, aggression, anxiety, or delirium.		
• Feeling isolated.		
• Experiencing dehumanization.		

Physical Risk Care Response	Yes	No
Has the resident exhibited a decline in physical function that involves any of the following?		
• Accidents, such as falls, strangulation, or entrapment.		
• A decrease in balance, in activities of daily living, range of motion, or strength.		
• Contractures.		
• Decreased urinary and/or bowel control.		
• Respiratory complications.		
• Injury to self when trying to free self.		
• Skin breakdown around area of restraint.		
• Loss of appetite.		

**Please remember: Facilities must continually reassess and reevaluate the need for physical restraints.**