

18. PHYSICAL RESTRAINTS

Review of Indicators of Physical Restraints

	Evaluation of current restraint use (based on chart documentation, including care plan)	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
✓		
☐	<ul style="list-style-type: none"> Does not meet regulatory definition of restraint (stop here and check accuracy of MDS item that triggered this CAA) 	
☐	<ul style="list-style-type: none"> Evidence of informed consent not evident on chart 	
☐	<ul style="list-style-type: none"> Medical symptom not identified for treatment via restraints 	
☐	<ul style="list-style-type: none"> Used for staff convenience 	
☐	<ul style="list-style-type: none"> Used for discipline purposes 	
☐	<ul style="list-style-type: none"> Multiple restraints in use 	
☐	<ul style="list-style-type: none"> Non-restraint interventions not attempted prior to restraining 	
☐	<ul style="list-style-type: none"> Less restrictive devices not attempted 	
☐	<ul style="list-style-type: none"> No regular schedule for removing restraints 	
☐	<ul style="list-style-type: none"> No schedule for frequency by hour of the day for checking on resident's well-being 	
☐	<ul style="list-style-type: none"> No plan for reducing/eliminating restraints 	
✓	Medical conditions/treatments that may lead to restraint use	
☐	<ul style="list-style-type: none"> Indwelling catheter (H0100A), external catheter (H0100B), or ostomy (H0100C) 	
☐	<ul style="list-style-type: none"> Parenteral/IV feeding (K0510A1, K0510A2) 	
☐	<ul style="list-style-type: none"> Feeding tube (K0510B1, K0510B2) 	
☐	<ul style="list-style-type: none"> Pressure ulcer (M0210) or pressure ulcer care (M1200E) 	
☐	<ul style="list-style-type: none"> Other skin ulcers, wounds, skin problems (M1040) or wound care (M1200F-M1200I) 	
☐	<ul style="list-style-type: none"> Oxygen therapy (O0100C) 	
☐	<ul style="list-style-type: none"> Tracheostomy (O0100E, clinical record) 	
☐	<ul style="list-style-type: none"> Ventilator or respirator (O0100F) 	
☐	<ul style="list-style-type: none"> IV medications (O0100H) 	
☐	<ul style="list-style-type: none"> Transfusions (O0100I) 	
☐	<ul style="list-style-type: none"> Functional decline, decreased mobility (clinical record) 	
☐	<ul style="list-style-type: none"> Other medical problem or equipment associated with restraint use (clinical record) 	

	Cognitive impairment/behavioral symptoms that may lead to restraint use (also see Cognitive Loss and Behavior CAAs)	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
✓		
☐	• Inattention, easily distracted (C1300A)	
☐	• Disorganized thinking (C1300B)	
☐	• Fidgety, restless	
☐	• Agitation behavior (E0200) – describe the specific verbal or motor activity- e.g. screaming, babbling, cursing, repetitive questions, pacing, kicking, scratching, etc.	
☐	• Confusion (C0100, C0600)	
☐	• Psychosis (E0100A, E0100B)	
☐	• Physical symptoms directed toward others (E0200A)	
☐	• Verbal behavioral symptoms directed toward others (E0200B)	
☐	• Rejection of care (E0800)	
☐	• Wandering (E0900)	
☐	• Delirium (C1600), including side effects of medications (clinical record)	
☐	• Alzheimer's disease (I4200) or other dementia (I4800)	
☐	• Traumatic brain injury (I5500)	
☐	• Psychiatric disorder (I5700-I6100)	

	Risk for falls that may lead to restraint use (also see Falls CAA)	
✓		
☐	• Poor safety awareness, impulsivity (clinical record)	
☐	• Urinary urgency (clinical record)	
☐	• Incontinence of bowel and/or bladder (H0300, H0400)	
☐	• Side effect of medication, such as dizziness, postural/orthostatic hypotension (I0800), sedation, etc. (clinical record)	
☐	• Insomnia, fatigue (D0200D, D0500D)	
☐	• Need for assistance with mobility (G0110)	
☐	• Balance problem (G0300)	
☐	• Postural/orthostatic hypotension (I0800, clinical record)	
☐	• Hip or other fracture (I3900, I4000)	
☐	• Hemiplegia/hemiparesis (I4900), paraplegia (I5000), quadriplegia (I5100)	
☐	• Other neurological disorder (for example, Cerebral Palsy (I4400), Multiple Sclerosis (I5200), Parkinson's Disease (I5300))	
☐	• Respiratory problems (J1100, I6200, I6300, clinical record)	
	• History of falls (J1700 – J1900)	

		Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
✓	Adverse reaction to restraint use	
☐	• Skin breakdown (Section M)	
☐	• Incontinence or increased incontinence (H0300, H0400, clinical record)	
☐	• Moisture associated skin damage (M1040H)	
☐	• Constipation (H0600)	
☐	• Increased agitation behavior (E0200, clinical record) – describe the specific verbal or motor activity- e.g. screaming, babbling, cursing, repetitive questions, pacing, kicking, scratching, etc.	
☐	• Depression, withdrawal, diminished dignity, social isolation (I5800, I5900, clinical record)	
☐	• Loss of muscle mass, contractures, lessened mobility (G0110, G0300, G0400) and stamina (clinical record)	
☐	• Infections, such as UTI or pneumonia (I1700 – I2500)	
☐	• Frequent attempts to get out of the restraints (P0100), falls (J1700 – J1900, clinical record)	

