

Section P Restraints and Alarms

Intent

To record the frequency over the 7-day look-back period that the resident was restrained by any of the listed devices at any time during the day or night. Assessors will evaluate whether or not a device meets the definition of a physical restraint and code only the devices that meet the definition in the appropriate categories of Item P0100.

Significant Changes

P0100B – Initiation of use of trunk restraint or chair prevents rising

Care Area Triggers

P0100A through P0200F – Restraints and Alarms

Quality Indicators

P0100A through P0200F – Restraints and Alarms

P0100B, P0100E – Falls

P0100B, P0100E – Pressure Ulcers

Enhanced Quality Measures

P0100A through P0200F - Percent of residents who were physically restrained

Care Plans

Restraints

P0100. Physical Restraints		
Physical restraints are any manual method, physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body.		
	Used in Bed	
Coding: 0. Not used 1. Used less than daily 2. Used daily	A. Bed rail	
	B. Trunk restraint	
	C. Limb restraint	
	D. Other	
	Used in Chair or Out of Bed	
	E. Trunk restraint	
	F. Limb restraint	
	G. Chair prevents rising	
	H. Other	

P0100. Physical Restraints

CAT – Restraints

QI – Physical Restraint QM – Percent of residents who were physically restrained

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

The assessor should not focus on the intent or reason behind the use of the device, but on the effect the device has on the resident.

Any device that does not fit into the listed categories but that meets the definition of a restraint and has not been excluded from this section should be coded in items P0100D or P0100H, Other. These devices must be care-planned and monitored.

Any device, material, or equipment that meets the definition of a physical restraint must have:

- 1) Medical symptom that warrants the use of the restraint – must not be used for discipline or convenience
 - 2) Physician's order for use
 - 3) Documentation that other methods were tried and failed before using restraint
 - 4) Documentation that restraint chosen is the least restrictive restraint for the need
 - 5) Consent form signed by resident, family member, or legal representative - also has the right to refuse restraint use, but not to demand its use when it is not deemed medically necessary.
 - 6) Documentation that resident needs are monitored during restraint use
 - 7) Documentation that restraint is checked every thirty minutes, and released every 2 hours for ten minutes
 - 8) Documentation that regular attempts are made to reduce or discontinue use of restraint
 - 9) Care plan whether or not there is a category to code the restraint on the MDS
- Exclude from this section items that are typically used in the provision of medical care, such as catheters, drainage tubes, casts, traction, leg, arm, neck or back braces, abdominal binders and bandages that are serving in their usual capacity to meet medical need.

Coding: 0. Not used 1. Used less than daily 2. Used daily

Used in Bed

A. Bed rail

Includes any combination of partial or full rails (one-side half-rail, one-side full rail, two-sided half-rails or quarter-rails, rails along the side of the bed that block three-quarters to the whole length of the mattress from top to bottom, etc.). Include in this category enclosed bed systems.

Bed rails used as positioning devices. If the use of bed rails (quarter-, half- or three-quarter, one or both, etc.) meets the definition of a physical restraint even though they may improve the resident's mobility in bed, the nursing home must code their use as a restraint at P0100A.

Bed rails used with residents who are immobile. If the resident is immobile and cannot voluntarily get out of bed because of a physical limitation and not due to a restraining device or because proper assistive devices were not present, the bed rails do not meet the definition of a restraint.

For residents who have no voluntary movement, the staff need to determine if there is an appropriate use of bed rails. Bed rails may create a visual barrier and deter physical contact from others.

Some residents have no ability to carry out voluntary movements, yet they exhibit involuntary movements. Involuntary movements, resident weight, and gravity's effects may lead to the resident's body shifting toward the edge of the bed. When bed rails are used in these cases, the resident could be at risk for entrapment. For this type of resident, clinical evaluation of alternatives (a concave mattress to keep the resident from going over the edge of the bed), coupled with frequent monitoring of the resident's position, should be considered. While the bed rails may not constitute a restraint, they may affect the resident's quality of life and create an accident hazard.

B. Trunk restraint CAT – Falls CAT – Pressure Ulcers

Significant Change – Initiation of use of trunk restraint or chair prevents rising

Includes any device or equipment or material that the resident cannot easily remove such as, but not limited to, vest or waist restraints or belts used in a wheelchair. If used in both bed and chair, should be marked in both sections.

C. Limb restraint

Includes any device or equipment or material that the resident cannot easily remove such as, but not limited to, vest or waist restraints or belts used in a wheelchair. If used in both bed and chair, should be marked in both sections.

D. Other

Used in Chair or Out of Bed

E. Trunk restraint CAT – Falls CAT – Pressure Ulcers

Significant Change – Initiation of use of trunk restraint or chair prevents rising

Vest or waist restraint, belts used in wheelchairs

F. Limb restraint

Hand, arm, foot, or leg restraint, Mittens

G. Chair prevents rising

Significant Change – Initiation of use of trunk restraint or chair prevents rising

Includes any type of chair with a locked lap board, that places the resident in a recumbent position that restricts rising, or a chair that is soft and low to the floor. Included here are chairs that have a cushion placed in the seat that prohibit the resident from rising.

For residents who have the ability to transfer from other chairs, but cannot transfer from a geriatric chair, the geriatric chair would be considered a restraint to that individual, and should be coded as P0100G–Chair Prevents Rising.

Enclosed-frame wheeled walkers, with or without a posterior seat, and other devices like it should not automatically be classified as a restraint. These types of walkers are only classified as a restraint if the resident cannot exit the gate. When deemed a restraint, these walkers should be coded at P0100G–Chair Prevents Rising.

Geriatric chairs used for residents who are immobile. For residents who have no voluntary or involuntary movement, the geriatric chair does not meet the definition of a restraint.

For residents who have no ability to transfer independently, the geriatric chair does not meet the definition of a restraint, and should not be coded at P0100H–Other.

H. Other

P0200. Alarms	
An alarm is any physical or electronic device that monitors resident movement and alerts the staff when movement is detected. Enter codes in boxes.	
P0200A	Bed alarm
P0200B	Chair alarm
P0200C	Floor mat alarm
P0200D	Motion sensor alarm
P0200E	Wander/ elopement alarm
P0200F	Other alarm

P0200. Alarms

CAT – Falls

A. Bed alarm

B. Chair alarm

C. Floor mat alarm

D. Motion sensor alarm

E. Wander/ elopement alarm

F. Other alarm

Copyright © 2017

LTCS Books Inc

www.LTCSBooks.com

812-606-7882