



Nursing Home Quality Initiative

# FAST FACTS: PHYSICAL RESTRAINTS Care Planning and Monitoring

JUNE 2006

## PHYSICAL RESTRAINT CARE PLANNING

“There are instances where, after assessment and care planning, a least restrictive restraint may be deemed appropriate for an individual resident to attain or maintain his or her highest practicable physical and psychosocial well-being.” ([SOM, 2006](#))

Care planning for residents who are restrained should include:

- Medical symptom(s) and physician’s order requiring the use of a restraint
- The type, location, circumstance, and amount of time the restraint is used
- Documentation of gradual restraint reduction attempts and the resident’s response
- Measures taken to minimize decline while restrained (e.g. restorative care, positioning)
- Determination of frequency of re-evaluation of restraint use for potential reduction/elimination (e.g. daily, weekly, monthly, etc.)

## MONITORING OF PHYSICAL RESTRAINT PROCESSES

Federal surveyors, in order to determine if the facility follows a systematic process of evaluation re-evaluation and care planning restraints, look for answers to specific questions. Using these probes can help your facility determine areas for improvement in your own processes:

- What medical symptoms led to the consideration of the use of restraints?
- Are these symptoms caused by failure to
  - Meet individual needs
  - Use rehabilitative/restorative care
  - Provide meaningful activities
  - Manipulate the resident’s environment, including seating?
- Can the cause(s) of the medical symptoms be eliminated or reduced?
- If the cause(s) cannot be eliminated or reduced, has the facility attempted to use alternatives in order to avoid a decline in physical functioning associated with restraint use?
- If alternatives have been tried and deemed unsuccessful, does the facility use the least restrictive restraint for the least amount of time?



MONITORING OF  
PHYSICAL  
RESTRAINT  
PROCESSES (CONT.)

- Does the facility monitor and adjust care to reduce the potential for negative outcomes while continually trying to find and use less restrictive alternatives?
- Did the resident or legal surrogate make an informed choice about the use of restraints? Were risks, benefits and alternatives explained?
- Does the facility use the Physical Restraint RAP to evaluate the appropriateness of restraint use?  
([SOM, 2006](#))

FURTHER READING  
AND WEB  
RESOURCES

A more detailed overview of physical restraints can be obtained by contacting your state Quality Improvement Organization (QIO). Visit:  
<http://www.medqic.org/QIOListings>

Quality Measures Resource Manual, February 2006, Version 5.0.  
Physical Restraints – Available: <http://www.medqic.org/Chapter6K>

Revised Long-Term Care Resident Assessment Instrument User's Manual, December 2002, Version 2.0, Revised March 2006. Available:  
<http://www.cms.hhs.gov/RAI>

Centers for Medicare & Medicaid Services. State Operations Manual, Guidance to Surveyors for Long Term Care Facilities, Appendix PP, Rev. 15, Updated June, 2006. F221 Physical Restraints (pp 54-60). Available:  
[http://cms.hhs.gov/manuals/Downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf)

U.S. Department of Health and Human Services. (2001, October) *42 Code of Federal Regulations, Part 483 Subpart B, Requirements for Long Term Care Facilities*, U.S. Government Printing Office and National Archives and Records Administration Office.

Sullivan-Marx EM. Achieving Restraint-Free Care of Acutely Confused Older Adults. *Journal of Gerontological Nursing*. 2001; 27(4):56-61.

Williams CC, Finch CE. Physical Restraints: Not Fit for Woman, Man, or Beast. *Journal of the American Geriatrics Society*. 1997; 45:773-775.