

MDS Restraint Coding Tip Sheet

Definition

According to the RAI Manual “Physical restraints are defined as any manual method, or physical or mechanical device, material, 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 body.” (RAI Manual, pg. 3-198)

Process

1. Evaluate whether or not the resident can easily move the device, material or equipment.
2. If not, does the device meet other provisions in the definition of restricting freedom of movement? What effect does the device have on the resident? NOTE: An “enabler” may still have a restraining effect and must then be coded as a restraint!
3. There are other devices or situations that may have the effect of a restraint but do not fit into current categories, such as low beds. Those devices/situations are not coded on the MDS; however, they still need to be care-planned for their restraining effects and re-evaluated at intervals.

Determine if the device is listed in MDS Item P4 Physical Restraints:

- P4a Full bed rails (Not in the calculation for Physical Restraint QI/QM)
- P4b Other types of bed rails used (Not in the calculation for Physical Restraint QI/QM)
- P4c Trunk restraint
- P4d Limb restraint
- P4e Chair prevents rising

If the device does not meet the definitions listed in P4 (such as chair/bed alarms, low beds, etc.), it is not to be coded on the MDS, even if it meets the technical definition of a restraint. Do be sure to assess, re-evaluate and care plan the need as is done with all restraints.

If the device is listed in P4, determine the effect it has on the resident:

1. Code in P4 if the device prevents the resident from attempting or completing an activity that he or she could do if the device were not present, or if the device limits the resident’s access to his or her body.
2. Do not code in P4 if the device does not restrict the resident from attempting or completing an activity that he or she could do if the device were not present.

Documentation

1. If the device or situation meets the definition of a restraint, a physician’s order and the medical reason for the restraint are required.
2. Inform the family of the risks and benefits of the device and documentation of the conversation.
3. Record the team evaluation and process for how it was determined to use that particular device for that resident.
4. Care Plan for the effects of any device or situation whether it meets the definition of a restraint or not.

Examples

1. If a resident has no voluntary or involuntary movement, a geri-chair does not meet the definition of a restraint. The chart would have documentation regarding the decision to use the geri-chair versus something different, such as a reclining wheelchair. The care plan would show positioning suggestions if necessary and how often the resident needs to be re-positioned in the chair.
2. A low bed does not meet the restraint definition; however, it may have a restraining effect if the resident needs assistance to get up now, but did not before. Our documentation should show why we are using the low bed instead of an alternative (e.g. concave mattress). A physician’s order would be in place if the bed does have a restraining effect. A care plan would reflect specific care issues (e.g. more frequent assist OOB, additional exercise, etc.).

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