

TIP SHEET

MDS RESTRAINT CODING



DEFINITION: "Any manual method, or 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." (RAI Manual, P-1) (State Operations Manual, Appendix PP)

PROCESS:

1. Evaluate whether or not the resident can easily remove the device, material, or equipment.
2. If not, does the device meet the other provisions in the definition of restricting freedom of movement? What affect 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 affect 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 P0100 Physical Restraints:

USED IN BED	USED IN CHAIR OR OUT OF BED
A. Bed rail	E. Trunk restraint
B. Trunk restraint	F. Limb restraint
C. Limb restraint	G. Chair prevents rising
D. Other	H. Other

If the device is listed in P0100, determine the effect it has on the resident:

1. Code in P0100 if the device prevents the resident from attempting or completing an activity that he or she could do if the device was not present, or if the device limits the resident's access to his or her body.
2. Do not code in P0100 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 may meet the restraint definition, if it would have a restraining effect - in that 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. a concave mattress.) A physician's order would be in place if the low bed does have a restraining affect. It would be coded as "other" in P0100 D. A care plan would reflect specific care issues (e.g. more frequent assist OOB, additional exercise, etc.)