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| PHYSICAL RESTRAINTS | | | | NO. | |
| PURPOSE:  To provide specific guidelines relating to Physical Restraints.  STATEMENT OF POLICY:  It is the policy of this facility that the resident will be free of any physical restraint imposed for the purpose of discipline or convenience and not required to treat the resident’s medical symptom.  PROCEDURE:   1. The Resident will be assessed by the Interdisciplinary Team using a Pre-restraining Assessment (Briggs form CFS 3-1) prior to the application of a restraint. 2. The Licensed Nurse will contact the physician for an order prior to the application of a restraint. The order will state type of restraint, time period to be used, reason for use, medical diagnosis, and release and monitoring instructions. 3. Prior to the application of the restraint, an informed consent (Briggs form CFS 3-4/2) is to be obtained from the Resident or responsible party. The clinical risk factors are to be explained as well as the resident’s right to refuse. 4. The Interdisciplinary Team will meet with the responsible party to discuss appropriate care of the Resident. If the responsible party wishes to have the Resident restrained and the IDT feels the restraint in not necessary, the attending physician will be contacted to assist in the determination if the restrain is needed due to the Resident’s medical condition. 5. Resident’s who are using restraints will be reviewed monthly and prn change in status by the Restraint Reduction Team. If the determination is made that the restraint may be reduced, the Physical Restraint Elimination Assessment should be completed (Briggs CFS 3-2) 6. The Physical Restraint Elimination Assessment form will be completed and reviewed no less than quarterly to determine whether or not the restrained resident is a candidate for restraint reduction, less restrictive restraining measures or total restraint elimination. The Interdisciplinary summary is to be documented on the reverse side of the Physical Restraint Elimination Assessment. 7. The plan of care will include the reason for the restraint (problem), goals, and interventions used to reduce restraint usage. 8. The Certified Nursing Assistants will have access to accurate information regarding the individual resident’s restraint usage. 9. Side rails are to be assessed using the “Side Rail Assessment Screen”. 10. Vest Restraints will not be used under any circumstances. 11. The Restraint Reduction Team ( DON or designee, therapist, Social Services, Charge Nurse, others as designated) will be active in the facility and meet no less than monthly to review Residents who are using restraints. | | | | | |
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| PHYSICAL RESTRAINTS | | | | NO. | |
| 1. Minutes will be documented and should include: 2. Review minutes from last meeting with follow-up discussion. 3. Review of any new orders for restraints that medical records have identified since the last meeting and the action has taken on these orders. 4. Review of current Resident’s with restraints to ensure least restrictive measures are being used. 5. Identify Residents that need a reduction and discuss plan of implementation. 6. Review Residents that are scheduled for their quarterly assessment to determine continued need for the restraint. 7. Review audits on patients with restraints to ensure documentation requirements are met. 8. Discuss Staff in-service needs with regards to restraint reduction. 9. Review any recent information received by the facility with regard to restraint reduction. 10. Review new equipment on the market that may be considered a less restrictive device. 11. Documentation regarding the use of restraint should be recorded in the following areas: 12. Resident Care Plan 13. Required restraint assessment, permission, and reduction forms. 14. Physician and Nursing Progress Notes 15. Certified Nursing Assistant documentation Record | | | | | |
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