

**Section P**

**Restraints**

# Objectives

- State the intent of Section P Restraints.
- Describe what constitutes a physical restraint for the purpose of MDS 3.0.
- Explain how to assess residents for physical restraints for the purpose of the MDS 3.0.
- Code Section P Restraints correctly and accurately.

# Intent of Section P



Record the frequency that the resident was restrained by any of the listed devices at any time during the day/ night over the look-back period.

# Use of Physical Restraints

- Use not prohibited in nursing homes.
  - Cannot be imposed for discipline or convenience
  - Must be required to treat resident's medical symptoms
- Must assess resident needs and medical symptoms before using physical restraints
- Use of physical restraints should be the exception, not the rule.

**Item P0100**

**Physical Restraints**

# P0100 Importance<sub>1</sub>

- Play a limited role in medical care.
- Physical restraints limit mobility.
- Physical restraints increase risk of adverse outcomes.
  - o Functional decline
  - o Agitation
  - o Diminished sense of dignity
  - o Depressed mood
  - o Pressure ulcers

# P0100 Importance<sub>2</sub>

- Cognitively-impaired residents at higher risk due to physical restraints:
  - o Entrapment
  - o Injury
  - o Death
- Significant risk of restraint-related injury or death

# Physical Restraints<sub>1</sub>

## Section P

## Restraints

### P0100. Physical Restraints

Physical restraints are 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

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- 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

# Physical Restraints<sub>2</sub>

- Removes easily
  - Can be removed intentionally by the resident in the same manner as it was applied by the staff
  - Consider the resident's physical condition and ability to accomplish his or her objective.
- Freedom of movement
  - Any change in place or position for the body, or any part of the body, that the person is physically able to control or access

# Examples of Physical Restraints

- Leg restraints
- Arm restraints
- Hand mitts
- Soft ties/vests
- Lap cushions
- Lap trays
- Facility practices
  - o Side rails
  - o Velcro on sheets
  - o Devices used with chairs (tray, table, bar, or belt)
  - o Placement of chair or bed

# P0100 Conduct the Assessment<sub>1</sub>

- Review resident's medical record.
  - Physician's orders
  - Nurses' notes
  - Nursing assistant documentation
- Consult the nursing staff across all shifts.
  - Resident's cognitive status and limitations
  - Physical status and limitations

# P0100 Conduct the Assessment<sub>2</sub>

- Observe the resident.
  - Determine the effect on the resident's normal function.
  - Do not focus on type, intent, or reason for use.
- Evaluate whether the resident can easily and voluntarily remove the device.
- Determine if the device restricts freedom of movement or access to the body.
- Determine if device meets criteria of the definition of a physical restraint for purpose of MDS 3.0.

# P0100 Assessment Guidelines<sub>1</sub>

- Do not focus on the intent or reason for using the device, material, or equipment.
- **Focus only on the effect of the device on the resident.**
- Assess each resident individually.
- Exclude devices typically used for provision of care.
- The complete definition of a restraint must be met.

# P0100 Assessment Guidelines<sub>2</sub>

- Any device that meets the definition of a physical restraint must have:
  - Physician documentation of a medical symptom that supports the use of the restraint
  - Physician's order for the type of physical restraint and parameters of use
  - Care plan and a process in place for systematic and gradual physical restraint reduction (and/ or elimination, if possible), as appropriate

# P0100 Coding Instructions

- How often the physical restraint was used
- Location of the physical restraint
  - In bed
  - In a chair or out of bed
- Category of the physical restraint
  - Bed rails or chairs that prevent rising
  - Trunk or limb restraint
- Code all physical restraints used in the look-back period.

# Frequency of Use

## Section P

## Restraints

### P0100. Physical Restraints

Physical restraints are 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

↓ Enter Codes in Boxes

#### Used in Bed

- 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

Coding:

- 0. Not used
- 1. Used less than daily
- 2. Used daily

**Coding:**

- 0 Not used**
- 1 Used less than daily**
- 2 Used daily**

# Location of Physical Restraint

| Section P   |                             | Restraints  |
|---|-----------------------------|---|
| <b>P0100. Physical Restraints</b>   |                             |   |
| Physical restraints are 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 |                             |   |
| <b>Coding:</b><br>0. Not used<br>1. Used less than daily<br>2. Used daily   | ↓ Enter Codes in Boxes      |   |
|   | Used In Bed                 |   |
|   | <input type="checkbox"/>    | A. Bed rail <b>Used in Bed</b>                        |
|   | <input type="checkbox"/>    | B. Trunk restraint                                    |
|   | <input type="checkbox"/>    | C. Limb restraint                                     |
|   | <input type="checkbox"/>    | D. Other  |
|   | Used In Chair or Out of Bed |   |
|   | <input type="checkbox"/>    | E. Trunk restraint <b>Used in Chair or Out of Bed</b> |
|   | <input type="checkbox"/>    | F. Limb restraint                                     |
|   | <input type="checkbox"/>    | G. Chair prevents rising                              |
| <input type="checkbox"/>  | H. Other                    |   |

# Category of Physical Restraint

- Bed rails
- Trunk restraints
- Limb restraints
- Chair that prevents rising
- Other
  - Any device that does not fit listed categories
  - Meets the criteria of physical restraints
  - Should be care-planned and monitored

# P0100 Coding Example #1

| Section P   |                                     | Restraints               |
|---|-------------------------------------|--------------------------|
| <b>P0100. Physical Restraints</b>   |                                     |                          |
| Physical restraints are 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 |                                     |                          |
| <b>Coding:</b><br>0. Not used<br>1. Used less than daily<br>2. Used daily   | ↓ Enter Codes in Boxes              |                          |
|   | Used In Bed                         |                          |
|   | <input type="checkbox"/>            | A. Bed rail              |
|   | <input type="checkbox"/>            | B. Trunk restraint       |
|   | <input type="checkbox"/>            | C. Limb restraint        |
|   | <input type="checkbox"/>            | D. Other                 |
|   | Used In Chair or Out of Bed         |                          |
|   | <input type="checkbox"/>            | E. Trunk restraint       |
|   | <input type="checkbox"/>            | F. Limb restraint        |
|   | <input checked="" type="checkbox"/> | G. Chair prevents rising |
| <input type="checkbox"/>  | H. Other                            |                          |

|          |                                 |
|----------|---------------------------------|
| <b>1</b> | <b>G. Chair prevents rising</b> |
|----------|---------------------------------|

# P0100 Coding Example #2

| Section P   |  | Restraints                          |                          |
|---|--|-------------------------------------|--------------------------|
| <b>P0100. Physical Restraints</b>   |  |                                     |                          |
| Physical restraints are 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 |  |                                     |                          |
|   |  | ↓ Enter Codes in Boxes              |                          |
|   |  | Used In Bed                         |                          |
|   |  | <input type="checkbox"/>            | A. Bed rail              |
|   |  | <input type="checkbox"/>            | B. Trunk restraint       |
|   |  | <input checked="" type="checkbox"/> | C. Limb restraint        |
|   |  | <input type="checkbox"/>            | D. Other                 |
| <b>Coding:</b><br>0. Not used<br>1. Used less than daily<br>2. Used daily   |  | <input checked="" type="checkbox"/> | C. Limb restraint        |
|   |  | of Bed                              |                          |
|   |  | <input checked="" type="checkbox"/> | F. Limb restraint        |
|   |  | <input type="checkbox"/>            | G. Chair prevents rising |
|   |  | <input type="checkbox"/>            |                          |
|   |  | <input type="checkbox"/>            |                          |

# **Section P**

## **Q&A Activity**

# What is the intent of Section P?

- A. Identify any device, material, or equipment that serves to restrain the resident in any way.
- B. Document the number of devices that are used to restrain the resident at any time during the look-back period.
- C. Record the frequency the resident was restrained by the listed devices at any time over the look-back period.
- D. Specify the types of restraints that are used on the resident to meet medical requirements.

# Which of the following does not meet the criteria for coding a physical restraint?

- A. Any manual method or physical or mechanical device, material, or equipment
- B. Used for a purpose other than to treat medical symptoms or improve patient mobility
- C. Attached or adjacent to the resident's body that the individual cannot remove easily
- D. Restricts the freedom of movement or normal access to one's body

# When determining if a device, material, or equipment meets the definition of a physical restraint, what is the key factor to consider?

- A. Type of device used
- B. Intent or reason the device is being used for the resident
- C. How often the device is used
- D. Effect the device has on a resident's normal function

**You must code all devices you identify that meet the definition of a restraint for the purpose of the MDS 3.0.**

- A. True
- B. False

**If devices, materials, or equipment meet definition of a physical restraint but increase mobility for the resident, do not code as a restraint.**

- A. True
- B. False

# The code you select for a physical restraint indicates what?

- A. Frequency with which the restraint was used or observed during the look-back period
- B. Type of restraint observed in use during the look-back period
- C. How the restraint was used to limit resident mobility during the look-back period

# **Section P**

## **Summary**

# Section P Summary<sub>1</sub>

- Intent is to code the frequency in which the resident was restrained at any time over the look-back period.
- The definition of a restraint must be met.
  - Device, material, or equipment.
  - Attached or adjacent to the body and cannot be removed easily.
  - Restricts freedom of movement or normal access to the body.

# Section P Summary<sub>2</sub>

- Do not focus on the purpose of the restraint but the effect on the resident.
- Check the medical record, consult with staff, and observe the resident.
- Select a code that reflects the frequency in which each restraint was used.
- Enter the code in the box that indicates the correct category for the restraint.