

Comparing your practice Physical Restraints



Name of Facility: _____

Date Reviewed: ____/____/20____

- DIRECTIONS:**
1. Enter the resident's clinical record number or initials.
 2. Review the clinical record for evidence of each practice.
 3. Enter a "Y" if it is identified and an "N" if it is not identified. (Reviewers may have N/A for some records.)
 4. Tally the Number of "Y" s identified for each Best Practice, divide by the total number of applicable records reviewed to determine the percent.

Enter Resident's Clinical Record ID # or Initials	Clinical Record										TALLY		%
	1	2	3	4	5	6	7	8	9	10	# Yes	Total #	
	1. A comprehensive assessment is completed for identified restraint risks (i.e., fall risk, behavioral symptoms, medical treatments that increase fall risk) on admission, readmission, with change in condition or medication, after a fall or behavior event, and with each MDS assessment.												
2. If restraint risk identified, the care plan includes interventions (i.e., restorative care, toileting plan, or increased frequency of vital signs) appropriate for each identified restraint risk.													
3. If resident restrained, resident record contains physician's order for specific restraint including medical symptom.													
4. If resident restrained, an explanation of how the restraint treats medical symptoms, assists resident in attaining or maintaining highest practicable level of physical or psychological well-being is documented.													
5. If resident restrained, an assessment to determine if the physical restraint used is the least restrictive device to treat the resident's medical symptoms is documented.													
6. If resident restrained, a plan to regularly re-evaluate patient for possible reduction or elimination of physical restraint is documented.													
7. If resident restrained, the care plan includes a plan for implementation of alternatives to restraints.													
8. If resident restrained, the care plan includes measures to minimize potential decline in level of functioning.													
9. If resident restrained, explanation to resident/legal representative, prior to applying restraint, regarding benefits, adverse effects, and alternatives to restraint use documented.													
10. Does the effect of the device on resident meet RAI definition of a restraint: resident cannot easily remove the device; the device restricts the resident's freedom of movement; and the device restricts normal access to resident's body and coding of item P4 on resident's most recent MDS assessment, consistent with that definition?													