

# 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. Review the resident’s medical record (e.g., physician orders, nurses’ notes, nursing assistant documentation) to determine if physical restraints were used during the 7-day look-back period.
2. Consult the nursing staff to determine the resident’s cognitive and physical status/limitations.
3. Considering the physical restraint definition, observe the resident to determine the effect the restraint has on the resident’s normal function. Do not focus on the type of device, intent, or reason behind the use of the device.
4. Evaluate whether the resident can easily and voluntarily remove the device, material, or equipment. If the resident cannot easily and voluntarily remove the restraint, continue with the assessment to determine whether the device restricts freedom of movement or the resident’s access to his or her own body.
5. A device should be classified as a restraint only when it meets the criteria of the restraint definition. This can only be determined on a case-by-case basis by individually assessing each and every device (whether or not it is listed specifically on the MDS) and its effect on the resident.
6. Determine if the device, material, or equipment meets the definition of a physical restraint as clarified below. Remember, the decision about coding any device, material, equipment, or physical or manual method as a restraint depends on the effect the device has on the resident.
7. Any device, material, or equipment that meets the definition of a physical restraint must have:
  - physician documentation of a medical symptom that supports the use of the restraint,
  - a physician’s order for the type of restraint and parameters of use, and
  - a care plan and a process in place for systematic and gradual restraint reduction (and/or elimination, if possible), as appropriate.

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

After determining whether or not a device listed in (P0100) is a restraint and was used during the 7-day look-back period, code the frequency of use:

1. **Code 0, not used:** if the device was not used during the 7-day look-back **or** it was used but did not meet the definition.
2. **Code 1, used less than daily:** if the device met the definition and was used less than daily.
3. **Code 2, used daily:** if the device met the definition and was used on a daily basis during the look-back period.

**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.