DEVI CE DECISION GUIDE: Restraint, Enabler, and Safety Hazard

Complete all 3 STEPS in order given to determine if device is a restraint and/or enabler as well as potential hazards. After completing these initial 3 steps any device must be care planned in STEPS 4-8. If device is not used, document rationale and care plan for alternatives.

STEP 1: Determine Restraining Effect

A device may be a restraint for one resident, but not for another. At this point **do NOT** consider intent or reason (enabling/safety) for device use.

- **YES**
  - Does resident have functional ability to alter position?

- **NO**
  - Does resident have cognitive AND functional ability to remove device?
    - Resident removes device purposefully.

- **YES**
  - Determine if device prevents resident from performing movement otherwise capable.
  - Does device restrict resident’s ability to reach their legs or toes (if capable)?

- **NO**
  - Device is not a restraint. If device is used:
    - Do not code MDS P4
    - Proceed to Step 2
    - Care plan for use/impact, even if not a restraint.

- **YES**
  - Device is a restraint. If device is used:
    - Code MDS P4
    - Record the medical symptom that warrants use
    - Proceed to Step 2
    - Care plan for use/impact.
Complete only after STEP 1. A device may have both restraining and enabling qualities or it may have qualities of one, but not the other. Consider all possible effects.

**STEP 2: Determine Enabling Qualities**

Consider the following questions and include in care plan:

**Enabling Qualities**
1. Does the device allow the resident to do something that would improve quality of life?
2. Does it allow the resident to participate in an activity otherwise incapable of?
3. Does it improve physical or emotional status?

If any enabling qualities, device is an enabler.
- If device is only an enabler, statement of medical necessity not required.
- Proceed to Step 3
  - Care plan for use/impact

If no enabling qualities, device is not an enabler.
If device is used: Proceed to Step 3
  - Care plan for use/impact

Resident Name/Room Number: ____________________________ Date: ____________________________
Consider all possible negative effects and safety hazards of the device. Devices can be therapeutic and beneficial; but may not be risk free. If resident found in an at risk position with device, discontinue use and reevaluate with team.

**STEP 3: Determine Safety Hazards**

1. **Is resident vulnerable to hazard?**
   Vulnerability changes. Risk factors: resident’s function, medical condition, cognition, mood, and treatments (e.g., medications), etc.

2. **Does the device place the resident at risk for:**
   - Depression
   - Loss of Dignity
   - Agitation
   - UTIs
   - Decreased mobility
   - Injury from devices not adapted or fitted to resident
   - Injury from defective or improperly used devices

   - Loss of muscle tone
   - Strangulation
   - Incontinence
   - Constipation
   - Pressure Ulcers

   - Asphyxiation
   - Entanglement
   - Pain from lack of movement
   - Skin tears/scrapes/bruises
   - Decreased bone density/increased fractures

3. **Is resident at risk for entrapment?**
   - Residents most at risk:
     - Elderly or frail residents with:
       - Agitation
       - Pain
     - Confusion
     - Fecal Impaction
     - Delirium
     - Uncontrolled body movements
   *These conditions may cause resident to move about and exit from a device or bed.

   - Residents using Speciality Mattress: Compression of mattress widens gap between mattress and rail. As resident changes position, mattress may inflate and trap head, chest, neck, or limbs between mattress and side rail resulting in fractures, asphyxiation and death.
   - Follow manufacturer recommendation for inflation based on resident’s weight.

Evaluate each hazard. Weigh against benefit.
If device is used: **Proceed to Step 4**
- Care plan for use/impact, hazard avoidance

If device is used: **Proceed to Step 4**
- Care plan for use/impact, hazard avoidance
Now that you've determined whether the device is a restraint, enabler and/or safety hazard, proceed to STEP 4 of the planning process. The use of any device requires a care plan. The following information should be included in the resident’s individual care plan.

**STEP 4: Assessment and Problem Recognition**

b. Identify triggers for restraint use from MDS and review appropriate RAPs based on medical symptom.
c. Notify practitioner about symptoms requiring device.
d. Identify if problem is chronic/irreversible or acute/reversible.
e. Attempt alternatives to manage the problem. Communicate risk/benefits to resident and family.
f. Document ability to purposefully remove device and perform activity of choosing.

**STEP 5: Diagnosis and Identify Cause**

a. Identify likely causes (medication side effects or environmental factors) of falling, problematic behavior, or other problem for using a device.
b. Did practitioner help identify specific medical symptoms to use restraint?
c. If the resident was not evaluated for the medical symptom(s) prior to using restraint, document why.
d. For any device that is a restraint, obtain practitioner’s order. Orders must reflect presence of medical symptom; however, the order alone is not sufficient to warrant use.

*If Resident/Family/Responsible party requests device and if not required to treat a medical symptom, the facility must evaluate reason for request and impact on resident. Facility may not use if violates the regulation based on legal surrogate/representative’s request/approval.*


c. Document how you manage causes of falling, problematic behavior, or another condition for which a device is used and record medical symptoms that warrant use OR explain why causes could not or should not be managed. Care plan.
d. Use device correctly: Apply it correctly, release it at right time, provide for exercise. Identify risk factors and care plan how to minimize.
e. Identify goal with time frames for device use, including least restrictive and reduction (i.e., correction of underlying causes).
f. Implement care plan. *Be specific! e.g., “Seat belt for positioning” is inadequate. Include cause of positioning problem.*

**STEP 7: Monitoring**

a. Monitor impact of device on resident and problems or risks for which it was used.
b. Monitor for complications related to device and stop or adjust use.
c. Explain why continued use was needed despite complications.
d. Maintain ongoing monitoring for safety hazard, stop use immediately and reassess if hazard detected.
e. Periodically (at least quarterly) reassess the resident for continued need for device and document in care plan.

*For additional explanations refer to guidance for 42 CFR 483.13(a), F221 Restraints; 483.25(h)(2), F323 Accidents; 483.20, F272 Resident Assessment; 483.20(k), F280 Comprehensive Care Plan.*