

Physical Restraint Pathway

This pathway is intended to aid providers in determining whether a device meets the definition of a physical restraint. If the device meets the definition of a physical restraint, the nursing home must follow regulatory requirements outlined in Appendix PP–F604.

A **physical restraint** is defined as a 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 re-

Is the resident able to move their body without the device, material or equipment in place?

No

Stop here the device, material, or equipment is not a restraint.

Yes

Does the device, material, or equipment limit the resident's mobility or access to their body?

No

Stop here as the device, material, or equipment is not a restraint.

Yes

Is the resident able to easily remove the device, material, or equipment upon request?

Yes

Stop here as the device, material, or equipment is not a restraint.

No

The device, material, or equipment is a physical restraint—follow regulatory guidance.

Federal Regulatory Requirements:

- * Documentation of alternatives attempted and least restrictive.
- * Physician documentation of the medical symptom supporting the restraint use.
- * Physician's order including type of restraint and parameters of use.
- * Care plan and process for systematic and gradual restraint reduction and/or elimination as appropriate.
- * Informed consent

Illinois Code on Non-emergency Use:

- * Must have written policies controlling the use of physical restraints which are developed by the medical advisory committee in collaboration with nursing and administrative personnel.
- * Can only be used when:
 - ⇒ An assessment of the resident's capabilities and an evaluation and trial of less restrictive alternatives that could prove effective.
 - ⇒ An assessment of the specific physical condition or medical treatment that requires the use of the restraint and how the use will assist the resident in reaching their highest practicable physical, mental, or psychosocial well-being.
 - ⇒ Consultation with appropriate health professionals, such as rehabilitation nurse and therapists which indicates that the use of less restrictive measures or therapeutic interventions have proven ineffective.
 - ⇒ Demonstration by the care planning process includes the physical restraint as a therapeutic intervention will promote the care and services necessary for the resident to attain or maintain their highest practicable well-being.
- * Informed consent:
 - ⇒ Include information about potential negative outcomes including incontinence, decreased range of motion, decreased ability to ambulate, symptoms of withdrawal, depression, or reduced social contact.
 - ⇒ May authorize use of the restraint only for a specified time period
 - ⇒ After 50% of the time period has expired, but not less than 5-days before expiration, information about the actual effectiveness of the restraint in treating the medical symptom or therapeutic intervention, or any negative impacts are given to the individual providing informed consent and the informed consent is secured for additional time.
- * The resident or representative must be notified of their right to have a person or organization of their choosing notified of the use of a physical restraint. If the resident is under a guardianship, the resident shall be advised of this option. If desired, notification must be made within 24 hours and include the reason, type, alternatives attempted, length to be applied, name of the provider and who to contact.
- * If the resident's primary method of communicating is through sign language, the resident shall be permitted to have their hands free for brief periods each hour, except when this may cause harm to themselves or others.
- * The restraint shall be removed for a few minutes at least once every two hours or more often as necessary and the resident shall be assisted with ambulation, change in position, skin care, and nursing care as appropriate.