

MDS Tip Sheets: RESTRAINTS

This tip sheet provides information about the Resident Assessment Instrument (RAI) Minimum Data Set (MDS) 2.0, Care Planning, and the WRHA computer system in use by Winnipeg's Long Term Care (LTC) facilities.

Residents in Daily Physical Restraints

To ensure the rate of restraint use reported is accurate, it is important that staff correctly record that a resident has been physically restrained on the electronic RAI-MDS Assessment.

Section P, Questions 4c, 4d and 4e of the MDS Assessment are the primary questions used in the calculation to determine the percentage of residents physically restrained.

MDS Section P. SPECIAL TREATMENTS AND PROCEDURES - Lion, Harold - Part3

3. NURSING REHABILITATION / RESTORATIVE CARE

Record the NUMBER OF DAYS each of the following rehabilitation or restorative techniques or practices was provided to the resident for more than or equal to 15 minutes per day in the last 7 days. (Enter "0" if none or less than 15 minutes daily.)

a. Range of motion (passive)	7	e. Transfer	0
b. Range of motion (active)	0	f. Walking	0
c. Splint or brace assistance	0	g. Dressing or grooming	0
Training and skill practice in:		h. Eating or swallowing	0
d. Bed mobility	0	i. Amputation/prosthesis care	0
		j. Communication	0
		k. Other	0

4. DEVICES AND RESTRAINTS

(Use the following codes for the last 7 days:)
0. Not used 1. Used less than daily 2. Used daily

a. Full bed rails on all open sides of bed	0	c. Trunk restraint	0
b. Other types of side rails used (e.g., half rail, 1 side)	2	d. Limb restraint	0
		e. Chair prevents rising	2

P4a. Full bed rails on all open sides of bed - Full rails may be one or more rails along both sides of the resident's bed that block three-quarters to the whole length of the mattress from top to bottom. This definition also includes beds with one side placed against a wall (prohibiting the resident from entering and exiting) and the other side blocked by a full rail (one or more rails).

P4b. Other types of bed rails used - half rail, one side.

P4c. Trunk restraint - Includes any device or equipment or material that the resident cannot easily remove (eg., vest or waist restraint)

P4d. Limb restraint - Includes any device or equipment or material that the resident cannot easily remove, that restricts movement of any part of an upper extremity (ie., hand, arm) or lower extremity (ie., foot, leg).

P4e. Chair prevents rising - Any type of chair with locked lap board or chair that places the resident in a recumbent position that restricts rising; or a chair that is soft and low to the floor. Includes comfort cushions (eg., lap buddy), merry walkers.

RAI MDS Definition of Restraints

The following definitions are to be followed when completing the RAI MDS Assessment in Manitoba PCH and LTC facilities.

The RAI defines a physical restraint as any manual method, or any physical or mechanical device, material or equipment that is attached or adjacent to the resident's body, that the resident cannot remove easily, and that restricts the resident's freedom of movement or normal access to his or her body.

It is the effect the device has on the resident that classifies it into the category of restraint, not the name or label given to the device, nor the purpose or the intent of the device.

How to code for restraints on the RAI MDS

If the resident has no voluntary movement, is comatose, &/or quadriplegic, code P4c (trunk), P4d (limb) and P4e (chair prevents rising) as "0. Not Used".

P4e (chair prevents rising) should be coded "0. Not Used" if the resident does not have the physical ability or cognitive capacity to rise from ANY chair. If a resident who could get out of an upright, non-restricting chair is placed in a chair that prevents rising (for example, in a recumbent position, in a chair with a locked lap board, or one that is soft and low to the floor, P4e should be coded as 1 (Used less than daily) or 2 (Used daily).

Note: The RAI-MDS definitions have no relation to Manitoba provincial requirements in the use of physical and/or chemical restraints with residents

Questions, Comments, Topic ideas?

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