

# MDS Physical Restraints Coding Tip Sheet

## Definition

*State Operations Manual, Appendix PP, Restraints (42 CFR §483.13(a))*: “**Physical restraints** are defined as any manual method, or physical or mechanical device, material, or equipment attached to 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.”

## Process

1. Evaluate whether or not the effect of the device on the resident meets the RAI definition of a restraint.
2. Determine whether the device is listed in MDS Item P4, Physical Restraints.
  - P4a Full Bed Rails (Not in the calculation for Physical Restraint QI/QM)
  - P4b Other Types of Bed Rails Used (Not in the calculation for Physical Restraint QI/QM)
  - P4c Trunk Restraint
  - P4d Limb Restraint
  - P4e Chair Prevents Rising
3. If the device is listed in P4, determine the effect it has on the resident:
  - **Code P4** if the device prevents the resident from attempting or completing an activity that he or she could do if the device were not present, or if the device limits the resident’s access to his or her own body. **Note**: An “enabler” may still have a restraining effect and must then be coded as a restraint.
  - **Do not Code P4** if the device does not restrict the resident from completing an activity that he or she could otherwise do if the device were not present.
4. If the device is not listed in P4 (safety devices such as chair alarms and low beds), do not force it into one of the categories and do not mark it on the MDS, even if it meets the definition of a restraint. Although you may be unable to code a restraint, you must still proceed with restraint protocol (i.e., documentation in medical record, assessment, consent, physician order, care plan, etc.).

## Documentation

1. If the device or situation meets the definition of a restraint, include documentation supporting the presence of a medical symptom that warrants the use of a restraint and obtain a physician order identifying the type of restraint, the medical symptom, and the duration and circumstances for use.
2. Inform the family of the risks and benefits of the device and document the conversation.
3. Record the team evaluation and process for determining which device to use for the resident.
4. Document care plan interventions to address identified risks associated with the use of any device or situation, whether or not it meets the definition of a restraint.

## Examples

1. If a resident has no voluntary or involuntary movement, a geri-chair does not meet the definition of a restraint. The chart would have documentation regarding the decision to use the geri-chair versus something different, such as a reclining wheelchair. The care plan would show positioning suggestions if necessary and indicate how often the resident needs to be repositioned in the chair.
2. A low bed does not meet the restraint definition; however, it may have a restraining effect if the resident needs assistance to get up now, but did not before. The documentation should show why the low bed has been chosen instead of an alternative (e.g., concave mattress). A physician order would be in place if the bed does have a restraining effect. A care plan would reflect specific care issues (e.g., more frequent assist OOB, additional exercise, etc.).

Based on material developed by Primaris, the Medicare Quality Improvement Organization for Missouri.

This material was adapted by Acumentra Health, Oregon’s Medicare Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

9SOW-OR-NHR-09-05  
9/11/09