

# Physical Restraint Physician Order Tip Sheet

## Regulatory Requirement

Any device, material or equipment that meets the definition of a physical restraint must have a physician order reflecting the presence of a medical symptom which warrants the use of a restraint. A “**Medical Symptom**” is defined as an indication or characteristic of a physical or psychological condition. Although the physician order is required, CMS will hold the facility ultimately accountable for the appropriateness of the determination.

In **emergency situations**, a registered nurse may use physical restraints without a physician order if necessary to prevent a resident from injuring himself/herself or others and/or to prevent the resident from interfering with life-sustaining treatment, and no less-restrictive or less-risky interventions exist. The physician must be contacted within **12 hours** of application for an order.

## Components of an Order

1. Type of restraint
2. Reason for use (i.e., the medical symptom)
3. Duration and circumstances for use

## Supporting Documentation

The physician order alone is not sufficient to warrant the use of a restraint. The facility must also provide documentation to support all of the following:

1. Presence of a medical symptom which warrants the use of a restraint
2. How the use of the restraint treats the medical symptom, protects safety, and assists in attaining the highest practicable level of physical and psychosocial well being
3. Preventive measures taken to address risk associated with restraint use and evaluation/revision of measures as appropriate
4. Continuous reassessment of the circumstances requiring the restraint
5. Evidence of engagement in a systematic and gradual process towards reducing restraints (e.g., gradually increasing the time for ambulation and strengthening activities)

## Examples

- Seat belt in wheelchair due to poor safety awareness and to promote proper positioning during self-propelled wheelchair ambulation related to advanced dementia. Remove during meals and activities.
- Lap buddy for positioning in wheelchair due to left-sided weakness associated with CVA. Remove during meals/activities.
- Resident to use Merry Walker for independent ambulation due to unsteady gait associated with Parkinson’s Disease. Use when not in meals, activities, or bed.