PHYSICAL RESTRAINT CONSENT

In order to protect our residents from harm or to promote them to a higher level of independence, it is sometimes necessary for this facility to use a physical restraint.

Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that cannot be removed easily and that restricts freedom of movement or normal access to the resident's body. Examples include leg restraints, arm restraints, hand mitts, soft ties, vest restraints, lap buddies, lap trays, wheelchair safety bars and geri chairs. These devices are NEVER used as a disciplinary action or for the convenience of this facility to control behavior.

Restraints are initiated only after less restrictive measures, such as positioning pillows, pads, wedges, removeable lap trays coupled with appropriate exercises, or other "enabling" equipment, have been demonstrated to be insufficient. The least restrictive device would then be implemented following a consultation with an appropriate health professional (i.e., physical or occupational therapist) and with a specific doctor's order.

Bed/side rails sometimes restrain residents. The use of side rails as restraints is prohibited unless they are necessary to treat a resident's medical symptoms. As with other restraints, for residents who are restrained by bed/side rails, it is expected that the process employed to reduce the use of such rails as restraints is systematic and gradual to ensure the resident's safety while treating the medical symptoms. This facility will provide ongoing reevaluation of the need for the restraint(s), at least quarterly, as well as with a change in your condition.

The following less restrictive, alternative non-restraint approaches have been utilized and have proven to be INEFFECTIVE:

_____

_____

_____

_____

_____

RESTRAINT INTERVENTION RECOMMENDED

Therefore, I understand my physician has ordered the following restraint(s) for the medical symptoms listed.

Restraint Type, Frequency, Duration	Medical Symptoms
_____ _____	_____ _____ _____
_____ _____	_____ _____ _____

NAME–Last	First	Middle	Attending Physician	Record No.	Room/Bed

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UNDERSTANDING RESTRAINT USE

The following is a comparison of potential BENEFITS and RISKS of restraint use:

POTENTIAL BENEFITS

- Prevention of injury to self and others
- _____
- _____

POTENTIAL RISKS

- Accidents such as falls, strangulation, entrapment
- Constipation, urinary/bowel incontinence
- Skin breakdown, pressure ulcers/injuries
- Loss of muscle tone
- Loss of balance
- Reduced appetite, dehydration

POTENTIAL RISKS (cont.'d)

- Loss of or decline in independent mobility or ability to ambulate
- Increased agitation, delirium, aggression, anxiety
- Loss of identity, dignity and self-respect
- Symptoms of depression, withdrawal, dehumanization
- Contractures
- Panic, feeling threatened or fearful
- Reduced social contact
- Feelings of shame
- _____
- _____

Your signature below validates that the potential benefits and risks associated with restraint use have been explained to and discussed with you.

STATEMENT OF CONSENT

❍ I DO ❍ I DO NOT consent to the use of restraints if the appropriate healthcare professionals have assessed the need for such and a restraining device is indicated as part of my recommended plan of care.

❍ I DO ❍ I DO NOT consent to the use of restraints on a temporary basis for treatment of emergency medical symptoms.

ACKNOWLEDGMENT SIGNATURES

I have been informed of how the use of restraints would treat my medical symptoms, the potential benefits and risks of restraint use. I understand that I have the right to change my decision concerning restraints at any time and that any change must be indicated in writing.

Resident or
Resident Representative X_____ Date_____ Time_____
Signature

If signed by Resident Representative, complete the following:

Print Name _____ Relationship_____

Staff Member
Completing This Form _____ Date_____ Time_____
Signature and Title

NAME–Last	First	Middle	Attending Physician	Record No.	Room/Bed