

PHYSICAL RESTRAINT INFORMED CONSENT

We cannot use a physical restraint without your expressed written consent. Please indicate your consent or refusal below by checking the appropriate response. In all cases, your signature validates that the potential benefits and risks associated with restraint use have been explained to and discussed with you.

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

RESTRAINT INTERVENTION RECOMMENDED

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

Restraint Type, Frequency, Duration	Medical Symptoms	Release and Reposition Schedule
Type: _____ Frequency: _____ Duration: _____	_____	_____
Type: _____ Frequency: _____ Duration: _____	_____	_____

STATEMENT OF CONSENT

I DO consent to the use of a physical restraint following review and discussion of benefits and risks as well as the reason for the use of the restraint. 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 understand I can exercise my rights to withdraw this permission. I agree to the use of a _____ physical restraint.

(Type of Restraint)

I DO NOT consent to the use of a physical restraint for treatment of medical symptoms.

ACKNOWLEDGMENT SIGNATURES

I have been informed of the potential benefits and risks of restraint use (as explained on the reverse) and hereby assume full liability for any adverse outcomes related to my decision. I have been afforded the opportunity to ask and receive answers to my questions.

I understand that I have the right to alter my decisions concerning restraints at any time and that any change must be communicated in writing.

Resident or Resident Representative: **X** _____ Date: _____
Signature

If Signed by Resident Representative, Complete the Following:

Print Name: _____ Relationship: _____

Staff Member Completing This Form: _____ Date: _____
Signature and Title

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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UNDERSTANDING RESTRAINT USE

This facility fully supports and promotes each resident's right to be free of physical restraint. There are occasions when a physical restraint is needed to treat medical symptoms. Medical symptoms are indications or characteristics of a specific physical or psychological condition.

A physical restraint is any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the resident cannot remove easily and restricts freedom of movement or normal access to the resident's body; it cannot be removed by the resident in the same manner as it was applied by staff. Examples include leg restraints, arm restraints, hand mitts, soft ties, vest restraints, lap buddies, lap trays, wheelchair safety bars, geriatric chairs and position change alarms that cause the resident to be afraid to move to avoid setting off the alarm. These devices are NEVER used as a disciplinary action or for the convenience of the staff to control behavior.

Restraints are initiated only after thorough assessment and 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 be then implemented following a consultation with an appropriate health professional (i.e., physical or occupational therapist) and with a specific doctor's order based on medical symptoms.

Position alarms and/or bed/side rails sometimes restrain residents. The use of bed/side rails and position alarms 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 and/or alarms, the process that this facility employs to reduce the use of bed/side rails and/or alarms as restraints is systematic and gradual to ensure the resident's safety while treating medical symptoms.

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

POTENTIAL BENEFITS

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

POTENTIAL RISKS

- Accidental injury or death resulting from the use of the restraint
- Other accidents: i.e., strangulation, entrapment, head trauma, falls
- Contractures
- Chronic constipation
- Urinary/bowel incontinence
- Increased incidence of infections
- Skin breakdown, pressure ulcers/injuries
- Loss of muscle tone
- Loss of balance
- Reduced appetite, dehydration
- Loss of or decline in independent mobility or ability to ambulate
- Increased agitation or delirium
- Loss of independence, dignity, identity and self-respect; feelings of shame
- Depression, anxiety, aggression, panic, agitation, dehumanization
- Reduced social contact
- _____
- _____
- _____