

What is Quality of Life?

Quality of life is what makes life worth living for an individual. It refers to dignity, comfort, and happiness. It involves individual autonomy and the ability to make choices to the greatest extent possible. It includes the freedom to move about and interact with others. It fulfills the need to maintain relationships and preserve one's sense of identity.

What are Some Alternatives to Using Restraints That Will Reduce Risk of Injury and Maintain Quality of Life?

- Appropriately lowered beds
- Appropriate seating
- Physical or occupational therapy
- Exercise programs
- Wedge cushions
- Wheelchair modifications
- Individualized toileting schedules
- Individualized rest periods
- Keeping personal items within reach
- Appropriate footwear
- Appropriate lighting – day and night
- Supervision of whereabouts
- Anticipation of needs
- Opportunities for interaction with others
- Activities based on interest and abilities
- Personal alarms
- Medication Assessment
- Comprehensive environmental assessment with recommended modifications
- Mobility aid assessment and modifications (e.g. walkers, canes)
- Increased staff supervision
- Keeping call lights in reach, answering call lights quickly
- Frequent common area checks/ observations
- Frequent resident room checks to ensure needs are met



How Can Family Members Help?

- Share information about your loved one with staff. Past interests, hobbies, previous occupation, likes and dislikes, sleep and behavior patterns, and eating habits all help the team develop an individualized plan of care that reduces the need for restraints.
- Spend time with your loved one if and when feasible. You can be an extra pair of eyes and hands. You also provide the relationship that maintains his or her sense of identity.
- Bring items from home that provide comfort for your loved one, especially when he or she is getting used to new surroundings. Such items might include a favorite blanket, pictures, books, a photo album, or favorite foods. Nursing home staff will work with you on the appropriateness of items.
- Educate yourself on the risks and benefits of restraint use. Ask yourself, "Would I want to be restrained?"
- Work with nursing home staff as a team member. Your concern, interest, and input are invaluable in providing the best possible quality of care for your loved one.



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Reducing Restraint Use in Nursing Homes

A Guide for Residents and Families

What is a Restraint?

A physical restraint is any device that is used to keep a person from moving about or reaching a part of his or her body and is difficult for that person to remove.

Examples include:

- Lap buddies, belts, "Geri" chairs, vests or lap trays which keep the body immobile in a wheelchair
- Bed rails/belts, which keep people confined to their bed
- Wrist restraints/mittens
- Merry walkers if the resident cannot easily remove him/herself

Federal Law states:

A restraint is "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." (Federal Nursing Home Reform Act-OBRA '87)

What are the Potential Complications of Restraint Use?

- Falls
- Decreased appetite and malnutrition
- Dehydration
- Loss of dignity
- Increased anxiety
- Loss of mobility
- Stiff joints
- Pressure sores and/or bruising
- Loss of bladder control
- Urinary Tract Infections
- Constipation
- Pneumonia
- Entrapment
- Death by Asphyxiation



Possible Mental or Emotional Effects of Using Restraints Include:

- Agitation
- Depression/withdrawal
- Loss of Dignity
- Sleeping Problems
- Humiliation

Bed Rails Can Be a Risk:

- Can increase the risk of injury to the elderly. People must be appropriately assessed to ensure correct use of bed rails. An environmental assessment should be completed prior to a bed rail being used.
- Bed rails do not prevent all falls. People sometimes climb over their rails, often to get to the bathroom. When people climb over their bed rails and fall, the height of the fall is greater and, therefore, so is the risk of injury.
- Before using bed rails, consider alternatives such as anticipating resident needs, toileting plans, increased supervision, personal alarms or sensors, therapy referrals, medication assessments, lowered beds, scoop mattresses, and bolster pillows (body length pillows).

Request for Restraints:

While a resident, family member, legal representative, or surrogate may request that a restraint be used; the facility has the responsibility to evaluate the appropriateness of that request, as they would a request for any type of medical treatment. As with other medical treatments, such as the use of prescription drugs, a resident, family member, legal representative or surrogate has the right to refuse treatment, but not to demand its use when it is not deemed medically necessary.

According to the Code of Federal Regulation (CFR) at 42 CFR 483.13(a), "The resident has the right to be free from any physical or chemical restraints imposed for the purposes of discipline or convenience and not required to treat the resident's medical symptoms." CMS expects that no resident will be restrained for discipline or convenience. Prior to employing any restraint, the nursing facility must perform a prescribed resident assessment to properly identify the resident's needs and the medical symptom the restraint is being employed to address.

Myths and Facts about Restraints:

Myth: Restraints prevent injuries from falls.

Fact: Restraints do not prevent falls and may actually cause increased injury with a fall.

Myth: The nursing home has a moral responsibility to safeguard their residents with restraints.

Fact: The nursing home has a responsibility to provide care and services that attain the highest physical, mental, and psychosocial well being for each resident. This may or may not include restraint use.

Myth: Residents feel more secure when restraints are used.

Fact: No one likes feeling trapped or helpless. Anxiety, humiliation, and hopelessness often accompany the use of restraints.

Myth: There are no alternatives to using restraints.

Fact: There are many other things nursing home staff can try before using restraints. Most nursing home residents can be cared for safely without restraints. Family requests for restraints must be assessed to determine the appropriateness for restraint use. Physical restraints may not be used unless ordered by a physician to treat a medical symptom. The care team, including the family, should determine the best plan of care to enhance all aspects of the resident's quality of life.

Restraints
Have Risks,
Make the
Right Choice.

