DEVICE DECISION GUIDE

Complete all 3 STEPS in order given. After completing these initial 3 steps any device must be care planned in STEPS 4-8. If device is not used, document rationale and care plan for alternatives.

**STEP 1: Determine Restraining Effect**

**YES**

Does resident have cognitive AND functional ability to remove device? Resident removes device purposefully.

**NO**

Does device prevent resident from performing movement otherwise capable or restrict resident's access to his/her body?

**YES**

Device is a restraint. If a device is found to have restraining qualities, it is a restraint even if it also has enabling qualities or no safety concerns. If device is used:
- Code MDS P0100
- Record the medical symptom that warrants use
Proceed to Step 2

**NO**

Device is not a restraint. If device is used:
- Do not code MDS P0100
Proceed to Step 2
STEP 2: Determine Enabling Effect

Enabling Effect
1. Does the device allow the resident to do something that would improve quality of life?
2. Does it allow the resident to participate in an activity otherwise incapable of?
3. Does it improve physical or emotional status?

Device has enabling effect. If the device was determined to not be a restraint on page one, statement of medical necessity not required.

Proceed to Step 3

No enabling effect.
If device is used: Proceed to Step 3
STEP 3: Determine Safety Hazards

1. Is resident vulnerable to hazard?
Vulnerability changes. Risk factors: resident's function, medical condition, cognition, mood, and treatments (e.g., medications), etc.

2. Does the device place the resident at risk for:
- Depression
- Loss of Dignity
- Agitation
- UTIs
- Decreased mobility
- Injury from devices not adapted or fitted to resident
- Injury from defective or improperly used devices
- Loss of muscle tone
- Strangulation
- Incontinence
- Constipation
- Pressure Ulcers
- Asphyxiation
- Entanglement
- Pain from lack of movement
- Skin tears/scrapes/bruises
- Decreased bone density/increased fractures

3. Is resident at risk for entrapment?
- Residents most at risk:
  - Elderly or frail residents with:
    - Agitation
    - Pain
    - Restlessness
  - Confusion
  - Fecal Impaction
  - Spasticity
  - Delirium
  - Uncontrolled body movements

- Residents using Specialty Mattress: Compression of mattress widens gap between mattress and rail. As resident changes position, mattress may inflate and trap head, chest, neck, or limbs between mattress and side rail resulting in fractures, asphyxiation and death. Follow manufacturer recommendation for inflation based on resident's weight.

Device has safety hazard or potential for safety hazard. Evaluate each hazard. Weigh against benefit.

Proceed to Step 4
Device Care Planning Process

Now that you've determined the restraining, enabling, or hazard effect of the device, proceed to STEP 4 of the planning process. The use of any device requires a care plan. The following information should be included in the resident's individual care plan.

**STEP 4: Assessment and Problem Recognition**

A. Document a detailed history of the symptom for using a device. CMS states that "falls do NOT constitute self-injurious behavior or a medical symptom that warrants the use of a restraint." (S&C Letter-07-22: Restraint Clarification, June 2007)

B. Identify triggers for restraint use from MDS and review appropriate CAAs based on medical symptom.

C. Notify practitioner about symptoms requiring device.

D. Identify if problem is chronic/irreversible or acute/reversible.

E. Attempt alternatives to manage the problem. Communicate risk/benefits to resident and family.

F. Document ability to purposefully remove device and resident to perform activity of choosing.

**STEP 5: Diagnosis and Identify Cause**

A. Identify likely causes (medication side effects or environmental factors) for using a device.

B. Did practitioner help identify specific medical symptoms to use restraint?

C. If the resident was not evaluated for the medical symptom(s) prior to using restraint, document why.

D. For any device that is a restraint, obtain practitioner’s order. Orders must reflect presence of medical symptom; however, the order alone is not sufficient to warrant use.

*If Family/Responsible party requests device, the facility must evaluate reason for request and impact on resident. Facility can only use to treat a medical symptom. It can not be used if it violates the regulation.*

**STEP 6: Care Plan - Treatment and Management**

A. Document attempted alternatives and outcomes.

B. **Document rationale for use.** Identify reasons for selecting device. Base use on risks/benefits for resident.

C. Document how facility manages causes of falling, problematic behavior, or another condition for which a device is used and record medical symptoms that warrant use OR explain why causes could not or should not be managed. Care plan the device.

D. Use device correctly: Apply it correctly, release it at right time, provide for exercise. Identify risk factors and care plan how to minimize.

E. Identify goal with time frames for device use, including least restrictive and reduction (i.e., correction of underlying causes).

F. Implement care plan.

*Be specific! e.g., "Seat belt for positioning” is inadequate. Include cause of positioning problem.*

**STEP 7: Monitoring**

A. Monitor impact of device on resident and problems or risks for which it was used.

B. Monitor for complications related to device, if present, and stop or adjust use.

C. Document why continued use was needed despite complications.

D. Maintain ongoing monitoring for safety hazard, stop use immediately and reassess if hazard detected.

E. Periodically (at least quarterly) reassess the resident for continued need for device and document in care plan.