

Instruction for Physical Restraints Resource Tool

This form should be completed monthly to monitor the status of a resident with a restraint. All residents with restraints are reassessed quarterly and/or with a significant change.

1. Date- document in this section the date in which the entry is made on this form.
2. Resident's name- document the resident name from the medical record in this section
3. Type of restraint- documentation the type of restraint to be used and the location in which the restraint is to be applied.
4. Assessment date- document the actual date the assessment was completed prior to use of the restraint.
5. MD order- document the medical necessity (reason) for the use of the physical restraint.
6. Quarterly review date- document the date the resident was reassessed for the use of the less restrictive device quarterly. MD/Family notification- document all MD/family updates on the resident's use of the restraint and review/update quarterly.
7. Consent- document the date the consent was signed and/or obtained for the use of the restraint.
8. Comment- document any concerns and/or changes.

Physical Restraints Tracking Tool

Date	Resident's Name	Type of Restraint	Assessment Date	MD Order	Quarterly Review Date	Consent Date	Comment