

MDS Alert

Compliance: When Does CMS Consider Bed Rails To Be Restraints?

Check out the SOM definition before coding the MDS.

Even though the use of bed rails may improve a resident's mobility in bed, the nursing home must code their use as a restraint on the MDS 3.0 form at P01000A if it meets the definition of a physical restraint (see Physical Restraint Definition box below).

According to the RAI manual, bed rails include any combination of partial or full rails (e.g., one-side half-rail, one side full rail, two-sided half rails or quarter-rails, rails along the side of the bed that block three-quarters to the whole length of the mattress from top to bottom, etc.). Enclosed bed systems are included in this category.

Restraints as a fall prevention approach

Although restraints have been traditionally used as a fall prevention approach, they have major drawbacks and can contribute to serious injuries, notes the RAI manual. "Falls do not constitute self-injurious behavior nor a medical symptom supporting the use of physical restraints. There is no evidence that the use of physical restraints, including but not limited to side rails, will prevent, reduce or eliminate falls. In fact, in some instances, reducing the use of physical restraints may actually decrease the risk of falling. Additionally, falls that occur while a person is physically restrained often result in more severe injuries," states the RAI manual (pg. P-7).

If the resident is immobile and cannot voluntarily get out of bed because of a physical limitation and not due to a restraining device or because proper assistive devices were not present, the bed rails **do not** meet the definition of a restraint, notes the RAI manual.

For residents who have no voluntary movement, the staff needs to determine if there is an appropriate use of bed rails. "Bed rails may create a visual barrier and deter physical contact from others. Some residents have no ability to carry out voluntary movements, yet they exhibit involuntary movements. Involuntary movements, resident weight, and gravity's effects may lead to the resident's body shifting toward the edge of the bed. When bed rails are used in these cases, the resident could be at risk for entrapment. For this type of resident, clinical evaluation of alternatives, (e.g., a concave mattress to keep the resident from going over the edge of the bed), coupled with frequent monitoring of the resident's position, should be considered. While the bed rails may not constitute a restraint, they may affect the resident's quality of life and create an accident hazard."