

Given current research about the restraints in long term care facilities, a scientifically supportable consent form would read as follows:

INFORMED CONSENT FOR RESTRAINTS¹²

My physician and clinical care team recommend that I be restrained with the following devices_____ . This recommendation is based on their professional judgment and on a fall-predicting test that identifies me as being at an increased risk of falling due to (circle all that apply): history of falling, sedating medications, impaired mobility, impaired cognition, or impaired sight.

Though fall-related injuries are a major cause of accidental disability and death in long-term care facilities, research does not show that restraints prevent fall-related injuries. Studies suggest that restraints usually increase, rather than decrease, the chance of serious injuries. Because the ability to predict the time of a fall-related injuries is imprecise, I consent to be restrained long durations when I will not be falling. Being restrained will cause physical deconditioning and may decrease my functional ability and independence; it, may predispose me to pneumonia and aggravate bedsores. Research suggests that people who are restrained often receive sedating medicines to treat restraint-induced agitation, and that the use of these drugs, and exposure to their potentially harmful effects, decreases when restraint use is decreased. Confused or frail persons' efforts to escape restraints have caused skin injuries, nerve damage, gangrene of the limbs, falls while escaping from a restraints and death from positional asphyxia.

I understand that restraints often cause people to feel angry, afraid, demoralized, and humiliated. Both my appearance as a restrained person and the regressed or aggressive behavior that may be caused by the restraint pose a risk that others will see me as the kind of impersonal being that needs to be tied. If this occurs and with a decreased ability to humanly present myself or to assert my needs, restraints may decrease the likelihood that my physical, emotional, and social needs will be met.

With these understandings, I consent to be restrained as recommended.

_____ Date

Signature

¹ This consent form does not apply to instances where a restraint is used to hold a person in proper alignment for life support or for immobilization to allow healing of a fracture or as part of post-operative management.

² Dr. Steven Miles, M.D., Professor of Medicine, Geriatrics and Bioethics, University of Minnesota. Printed in *Quality Care Advocate/Special Report*, April- May,1996. Modified September 16, 2003.