



Affix patient label within this box

## Pharmacologic Restraint Management Worksheet

**Purpose: Review of**    **Antipsychotic**    **Pharmacologic restraint**    **Responsive behaviour**

Medication (antipsychotic/pharmacologic restraint) and reason prescribed (*see reverse*)

Appropriate                       Potentially inappropriate                       Reason unknown

*If reason unknown, gradual dose reduction may help determine if medication is of benefit*

**Criteria for Restraint Discontinuation** (*review health record, include input from family and staff on all shifts*)

Behaviour has stabilized with person-centred approach                       Behaviour has worsened/not improved  
 No responsive behaviours observed                       Risks/adverse effects outweigh benefits  
 Psychosis resolved                       Other \_\_\_\_\_

**Possible reasons for responsive behaviour(s)** (*refer to behaviour mapping and/or health record*)

Unmet physical need (*e.g. constipation, pain, elimination, fatigue, hunger, thirst, too hot or cold*)  
 Psychosocial (*e.g. stress threshold, loneliness, depression, post-traumatic events*)  
 Environmental (*e.g. over/under stimulation, overcrowding, noise, inconsistent routine, provocation by others*)  
 Staff (*e.g. approach, gender, appearance, age, tone of voice*)  
 Medical conditions (*e.g. delirium, dehydration, malnutrition, hypoglycemia, medication-related nutrient and fluid deficiencies*)  
 Medications (*see reverse*)  
    \_\_\_\_\_ # anticholinergic medications      \_\_\_\_\_ # pills or capsules/day      \_\_\_\_\_ diuretic      \_\_\_\_\_ change in medication  
 Other

Supportive approaches, strategies or interventions (*describe*)

Possible side effects of antipsychotics (*may improve with dose reduction/discontinuation*)

No side effects noted                       Side effects noted (*see reverse*)                       improving                       worsening

Comments

**Interdisciplinary team recommendations**

Reduce dose/frequency  
 Increase dose/frequency  
 Discontinue  
 Continue  
 Comprehensive medication review  
 Trial chemical restraint  
 Medication change \_\_\_\_\_

**Participants in review** (*Name and role*)

Date ( <i>yyyy-Mon-dd</i> )	Reviewer Name ( <i>Last Name, First Name</i> )	Signature	Next Review Date ( <i>yyyy-Mon-dd</i> )

Follow up assigned

care plan updates                       behaviour monitoring  
 staff - all shifts/departments                       family/alternate decision - maker

Physician or Prescriber name	Signature	Date ( <i>yyyy-Mon-dd</i> )

<b>Antipsychotics are appropriate for</b>	<b>Antipsychotics are not appropriate for or may worsen these behaviours</b>												
<ul style="list-style-type: none"> <li>■ Confirmed mental health diagnosis (<i>e.g. bipolar, schizophrenia, delusional disorder, major depression</i>) Psychiatrist involvement recommended for dosage adjustments.</li> <li>■ Distressing hallucinations and delusions</li> <li>■ Behaviour that places self/others at risk of injury Short term use may be appropriate while person-centred approaches are explored.</li> </ul>	<ul style="list-style-type: none"> <li>■ Paces, appears upset/fearful, restless, wanders</li> <li>■ Sleep disturbance, sun downing</li> <li>■ Shouting, screaming, calling out, cursing</li> <li>■ Repetitive questions</li> <li>■ Social or sexual disinhibition <i>e.g. undressing, spitting, masturbation</i></li> <li>■ Aggressive behaviour during personal care (<i>consider distraction, approach/re-approach, offering choices</i>)</li> <li>■ Protective of territory, hoarding</li> </ul>												
<b>Medications that may contribute to cognitive impairment, sedation and/or responsive behaviours</b>													
<p>Highly anticholinergic* or sedating</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Anticonvulsants (<i>e.g. carbamazepine*, gabapentin</i>)</li> <li><input type="checkbox"/> Antidepressants* (<i>e.g. tricyclics, paroxetine</i>)</li> <li><input type="checkbox"/> Antiemetics/Antivertigo* (<i>e.g. dimenhydrinate</i>)</li> <li><input type="checkbox"/> Antihistamines/antipruritics* (<i>e.g. diphenhydramine, hydroxyzine</i>)</li> <li><input type="checkbox"/> Medications for bladder control* (<i>e.g. oxybutynin</i>)</li> <li><input type="checkbox"/> Antiparkinsons medications* (<i>e.g. levodopa</i>)</li> <li><input type="checkbox"/> Antipsychotics* (<i>e.g. quetiapine, risperidone, haloperidol, olanzapine, aripiprazole</i>)</li> <li><input type="checkbox"/> Antispasmodics* (<i>e.g. hyoscine</i>)</li> <li><input type="checkbox"/> Muscle relaxants* (<i>e.g. cyclobenzaprine</i>)</li> <li><input type="checkbox"/> Sedatives/Hypnotics (<i>e.g. zopiclone, benzodiazepines*</i>)</li> <li><input type="checkbox"/> Opioids*</li> </ul>	<p>Possible anticholinergic* and/or may contribute to behaviours</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Antibiotics* (<i>e.g. ampicillin, gentamicin</i>)</li> <li><input type="checkbox"/> Cholinesterase inhibitors (<i>e.g. donepezil</i>)</li> <li><input type="checkbox"/> Cardiovascular agents* and diuretics (<i>e.g. digoxin, diltiazem, furosemide, metoprolol</i>)</li> <li><input type="checkbox"/> Lithium*                      <input type="checkbox"/> Steroids*                      <input type="checkbox"/> NSAIDS</li> <li><input type="checkbox"/> Warfarin*                      <input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Statins (<i>e.g. muscle &amp; nerve pain</i>)</li> </ul> <p>_____ # anticholinergic medications*</p> <p>_____ pill burden (# pills/capsules per day)</p> <p>Consider additive effects of multiple medications with high and/or low anticholinergic burden. Consider possible side effects of all prescribed medications</p>												
<p><b>The following tools may be helpful when considering potentially inappropriate medications in the elderly:</b></p> <ul style="list-style-type: none"> <li>■ Screening Tool of Older Person's Prescriptions (STOPP) version 2</li> <li>■ 2015 American Geriatric Society Beers Criteria</li> <li>■ medstopper.com</li> <li>■ RxFiles: Anticholinergics: Reference List of Drugs with Anticholinergic Effects, July 2015, or Dementia Overview</li> </ul>													
<p><b>Possible Antipsychotic Side Effects: See drug monographs for medication-specific side effects.</b></p>													
<p><b>Non-Movement Side Effects</b></p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Confusion, disorientation</td> <td><input type="checkbox"/> New or increased agitation</td> <td><input type="checkbox"/> Insomnia</td> </tr> <tr> <td><input type="checkbox"/> Constipation, difficulty urinating</td> <td><input type="checkbox"/> Loss of appetite or dehydration</td> <td><input type="checkbox"/> Sedation or lethargy</td> </tr> <tr> <td><input type="checkbox"/> Decreased social contact</td> <td><input type="checkbox"/> Blurred vision</td> <td><input type="checkbox"/> Change in blood pressure</td> </tr> <tr> <td><input type="checkbox"/> Change in weight</td> <td></td> <td></td> </tr> </table> <p><b>Movement-type Side Effects</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Motor restlessness (<i>akathisia</i>)                      <input type="checkbox"/> Muscle stiffness, spasm of neck, back or face (<i>dystonic reaction</i>)</li> <li><input type="checkbox"/> Movement of mouth, tongue, jaw, face (<i>tardive dyskinesia</i>)</li> <li><input type="checkbox"/> Tremors, slow movements, shuffling, stooped posture (<i>pseudoparkinsonism</i>)</li> <li><input type="checkbox"/> Weakness      <input type="checkbox"/> Drooling or spitting      <input type="checkbox"/> Difficulty swallowing      <input type="checkbox"/> Change in mobility      <input type="checkbox"/> Falls</li> </ul>		<input type="checkbox"/> Confusion, disorientation	<input type="checkbox"/> New or increased agitation	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Constipation, difficulty urinating	<input type="checkbox"/> Loss of appetite or dehydration	<input type="checkbox"/> Sedation or lethargy	<input type="checkbox"/> Decreased social contact	<input type="checkbox"/> Blurred vision	<input type="checkbox"/> Change in blood pressure	<input type="checkbox"/> Change in weight		
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<p><b>Discussion with family/alternate decision-maker: document topics discussed such as</b></p>													
<ul style="list-style-type: none"> <li>■ Responsive behaviours: description, frequency, severity, timing, possible reasons</li> <li>■ Interventions: care approaches and strategies, treatment of underlying conditions, dose changes</li> <li>■ Antipsychotic medication: benefits/risks</li> <li>■ Dose reductions attempted in the past? If so, what was the effect?</li> <li>■ Process for providing team with family observations, family suggestions for person-centred strategies</li> </ul>													