# **Pharmacologic Restraint Management Worksheet**

Affix patient label within this box

Date (yyyy-Mon-dd)		nitial Review	□ Reasse	essment
Target behaviour: description, time, freq	uency, why is this beha	aviour a problem? What is the risk	of harm? Wh	hat is the goal?
Family/Alternate Decision-maker: go	pals, possible unde	erlying needs and care strate	gies:	
Supportive interventions attempted,	and effectiveness			
Possible underlying reasons for t				
☐ Delirium and other medical condi	tions (e.g. dehydratio	n, blood sugar management, nutrie	nt deficienci	ies)
☐ Unmet needs & patterns informed constipation, pain, elimination, hunger, thirs traumatic events), Environmental (e.g. o	t, too hot or cold), Psy	chosocial (e.g. stress threshold,	loneliness, c	depression, post-
☐ Medication review by pharmacist	/prescriber (e.g. pos	sible side effects/interactions, PRN	usage, anti	cholinergic effects)
Interdisciplinary team recommen	dations			
□ Assessment e.g. behaviour map □ Additional supportive intervention □ Further investigation e.g. consults, l □ Medication changes □ Other □ Next review	ab work			
Reviewer Name (Last Name, First Name)		Reviewer Name (Last Name, F	irst Name)	Signature
Next Steps, by whom  ☐ Side-effect monitoring ☐ Updates to care plan ☐ Updates to family/alternate decision maker  Physician or Nurse Practitioner Name		☐ Communicate with prescriber ☐ Communicate with staff, all shifts ☐ Date (уууу-Мол-dd)		
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Adapted from Alberta Health Services
19676(Rev2019-03)
Side A

## **Follow-up Assessments**

Date (yyyy-Mon-dd)	Notes

### Antipsychotics: appropriate for

- Confirmed mental health diagnosis (e.g. schizophrenia, delusional disorder, major depression, Psychiatrist involvement recommended for dosage adjustments).
- Distressing hallucinations and delusions (first assess for delirium, attempt non-pharmacologic strategies)
- Behaviour that places self/others at risk of injury (Short term use may be appropriate while person-centred approaches are explored)

## Antipsychotics: not appropriate to treat/may worsen

- · Paces, appears upset/fearful, restless, wanders
- · Sleep disturbance, sun downing
- · Shouting, screaming, calling out, cursing
- Repetitive questions
- Social or sexual disinhibition e.g. spitting, masturbation
- Aggressive behaviour during personal care (consider distraction, approach/re-approach, offering choices)
- Protective of territory, hoarding

#### Medications that may contribute to cognitive impairment, sedation, falls and/or responsive behaviours

Highly anticholinergic\* or sedating

- Anticonvulsants (e.g. carbamazepine\*, gabapentin)
- Antidepressants\* (e.g. tricyclics, paroxetine)
- Antiemetics/Antivertigo\* (e.g. dimenhydrinate)
- Antihistamines/antipruritics\* (e.g. diphenhydramine)
- Medications for bladder control\* (e.g. oxybutynin)
- Antiparkinsonian medications\* (e.g. levodopa)
- Antipsychotics\* (e.g. quetiapine, risperidone, haloperidol)
- Antispasmotics\* (e.g. hyoscine)
- Muscle relaxants\* (e.g. cyclobenzaprine)
- Sedatives/Hypnotics (e.g. zopiclone, benzodiazepines\*)
- Opioids\*

Possible anticholinergic\*

- Antibiotics\* (e.g. ampicillin, gentamicin)
- Cholinesterase inhibitors (e.g. donepezil)
- Cardiovascular agents\* and diuretics (e.g. digoxin, diltiazem, furosemide, metoprolol)
- · Lithium\*, Steroids\*, NSAIDS, Warfarin
- Statins (e.g. muscle & nerve pain)

Consider additive effects of multiple medications with high and/or low anticholinergic burden. Consider possible side effects of all prescribed medications, and impact on appetite/nutrition.

See <u>www.deprescribing.org</u>

#### Possible Antipsychotic Side Effects - Notify prescriber if you see

#### **Non-Movement Side Effects**

Confusion, disorientation, new or increased agitation, insomnia, hallucinations, constipation, difficulty urinating, loss of appetite or dehydration, sedation or lethargy, decreased social contact, blurred vision, change in blood pressure or weight

#### **Movement-type Side Effects**

Motor restlessness (akathisia), muscle stiffness, spasm of neck, back or face (dystonic reaction), movement of mouth, tongue, jaw, face (tardive dyskinesia), tremors, slow movements, shuffling, stooped posture (pseudoparkinsonism) weakness, drooling or spitting, difficulty swallowing, change in mobility, falls

Adapted from Alberta Health Services Side B