

# Pharmacologic Restraint Management Worksheet

Affix patient label within this box

Date (yyyy-Mon-dd) \_\_\_\_\_  **Initial Review**  **Reassessment**

Target behaviour: *description, time, frequency, why is this behaviour a problem? What is the risk of harm? What is the goal?*

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Family/Alternate Decision-maker: goals, possible underlying needs and care strategies:

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Supportive interventions attempted, and effectiveness

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### Possible underlying reasons for target behaviour

- Delirium and other medical conditions (e.g. dehydration, blood sugar management, nutrient deficiencies)

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- Unmet needs & patterns informed by behavior map, health record, staff: Physical (e.g. lack of sleep, constipation, pain, elimination, hunger, thirst, too hot or cold), Psychosocial (e.g. stress threshold, loneliness, depression, post-traumatic events), Environmental (e.g. over/under stimulation, inconsistent routine), Staff (e.g. approach, gender)

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- Medication review by pharmacist/prescriber (e.g. possible side effects/interactions, PRN usage, anticholinergic effects)

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### Interdisciplinary team recommendations

- Assessment e.g. behaviour map \_\_\_\_\_
- Additional supportive interventions \_\_\_\_\_
- Further investigation e.g. consults, lab work \_\_\_\_\_
- Medication changes \_\_\_\_\_
- Other \_\_\_\_\_
- Next review \_\_\_\_\_

Reviewer Name (Last Name, First Name)	Signature	Reviewer Name (Last Name, First Name)	Signature

- Next Steps, by whom
- Side-effect monitoring \_\_\_\_\_
  - Updates to care plan \_\_\_\_\_
  - Updates to family/alternate decision maker \_\_\_\_\_
  - Communicate with prescriber \_\_\_\_\_
  - Communicate with staff, all shifts \_\_\_\_\_

Physician or Nurse Practitioner Name	Signature	Date (yyyy-Mon-dd)
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