3-781 Chemical restraints

TIPS Question:

When a resident with Alzheimer Disease becomes increasingly restless, wandering, pacing, physically exhausted from increased activity – is it considered a chemical restraint to give a PRN Ativan to help calm the resident? What criteria distinguish a PRN med from being a restraint?

Response:

Your question is a good one. The definition of the action to restrain is "to place the person under control by the minimal use of such force, mechanical means or chemicals as is reasonable having regard to the person's physical and mental condition" (Patient Restraint Minimization Act).

A chemical restraint is a psychotropic medication given as an immediate response to control agitation, threatening, destructive or assaultive behaviour in order to prevent harm to self or others. Medication used as a "restraint" is typically used in situations where the patient has already lost behavioural control. This definition excludes psychotropic medications for treatment purposes, where a diagnosis has been identified and an ongoing course of treatment has been prescribed. It also excludes prn medications that are part of an ongoing treatment plan. The goal, of course, in a best care strategy would always be to use other behavioural techniques before using psychotropic medication. When used as part of a treatment plan psychotropic medication is used to modify behaviour to that which the older person would present were they capable of understanding and controlling their interactions with the environment around them. Your treatment interventions goal is to approximate the resident's "normal" behaviour before their illness.

Typically if psychotropic prns are being required as part of a treatment plan on a more regular basis the care team may want to go back to the 6-Question Template to explore further what may be the cause of the behaviours and explore other care strategies. Your goal is to avoid clinical situations requiring prns. This may include reviewing psychotropic medications, dosage and/or schedules.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*