Alberta Health Services

Seniors Health Strategic Clinical Network™

# Case Study: Consent for Restraint as a Last Resort An Older Adult with Dementia, Unpredictable Aggression and Falls

Mr. J has dementia, diabetes, chronic renal failure and hypertension. Recent falls and unpredictable aggression have led to his transfer to Acute Care. He is on 3 medications prescribed as pharmacologic restraint (2 antipsychotics and a benzodiazepine). He also receives 14 other medications for his multiple medical conditions.

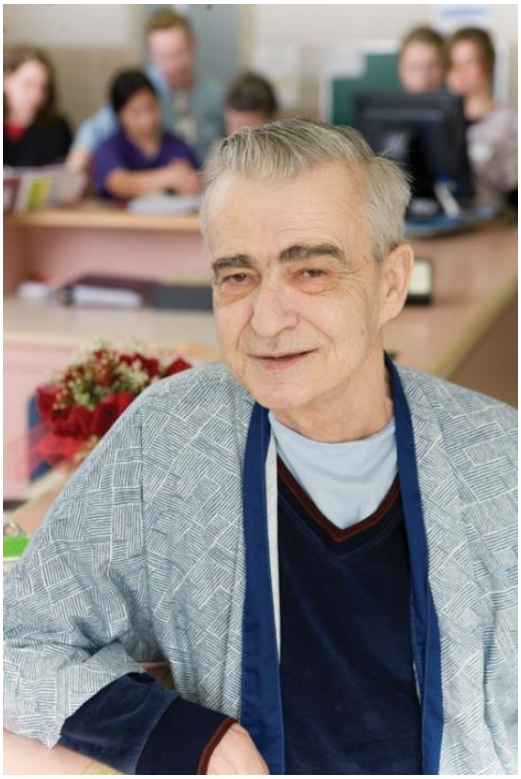
**The admitting RN** asks his family's input on what agitates and calms him. **His family** states he has never liked to wake up early and is often agitated before meals. He enjoys egg salad sandwiches and bananas. His family fears he will be injured by falling and asks for him to be restrained. They've noticed over the past few weeks he's more confused and seems shaky and unsteady when he walks.

**The RN:**

- Recognizes the patient is vulnerable due to frailty (physical and cognitive).
- Indicates in the patient's care plan: his preference for sleeping in, his risk of falls, and recommendations to offer an egg salad sandwich or banana when agitated.
- Adjusts the daily (0800) medications to 1000, and reports this action to the family.
- Prints off and shares "Restraint as a Last Resort to Prevent Falls and Fall Injuries" from MyHealth.Alberta, and discusses risks/benefits and alternatives of mechanical restraint with the family. They agree that during the day, Mr. J will be assisted to walk and to the bathroom every 1-2 hours with Comfort Rounds. The family is encouraged to walk with him whenever they visit, have a cup of tea with him, and encourage him to drink fluids. They discuss using a lap belt for the first few days until his medications can be reviewed and adjusted. Since this is not an emergency, an order for this mechanical restraint will be required.
- Prints off and shares "Restraint as a Last Resort for Agitation Associated with Dementia". The risks and limitations of pharmacologic restraints are discussed. The family indicates their interest in reducing these medications if possible.
- The nurse wonders whether some of Mr. J's symptoms are side effects from his many medications and initiates a medication review by starting the Pharmacologic Restraint Management Worksheet and consulting the pharmacist and prescriber.
- Initiates hourly behaviour mapping to identify possible triggers for agitation – and to monitor Mr. J's response to supportive strategies and medication changes.

**The RN documents this informed consent discussion with the family in the progress record**. Note that the admission discussion included risks, benefits and alternatives to mechanical and pharmacologic restraint, a request for an order for a temporary back fastening lap belt, and concerns about the side effects of the pharmacologic restraints.

## Two consent scenarios



**Scenario #1: The NP/Physician** discusses with the patient and family Mr. J's goals, and the risks of multiple medications for falling, confusion, agitation and delirium. They agree to try supportive strategies for his agitation, and to use a lap belt during the day between q1-2 hour walks/toileting, while his antipsychotics and other medications are tapered/adjusted. They agree to review the need for the lap belt after 3 days and his behaviour map weekly.

**The NP/Physician documents this informed consent discussion in the progress record** and orders the least restraint (lap belt between q1-2h walks and toileting) for the shortest time (maximum 3 days).

**Scenario #2: The family is not available when the NP/Physician rounds on this unit.** The NP/Physician notes the informed consent discussions described in the progress record by the admitting RN and enters the orders as above, referring to the date and time of the informed consent discussion documented by the RN.

**Outcome of Elder Friendly Care approaches:**
On the first day, Mr. J is content to rest in his chair between walks. Instead of a lap belt, staff set up in front him a rolling table with fluids, and snacks when he seems hungry. He enjoys a number of activities from the activity box such as assembling plastic pipes and elbows, playing cards and looking at the pictures in a book about farm implements. The lap belt is no longer used, staff and family continue to support mobility and toileting.

After 3 weeks, Mr. J is noticeably calmer, clearer, stronger and more stable. He walks independently around the unit, and is able to find his own room and bathroom when needed.

Mr. J is discharged to Supportive Living one month after admission, on only 4 medications including a new regularly scheduled analgesic. The family expresses their gratitude for these improvements and says, "You gave us back our father!"