Alberta Health Services

Affix patient label within this box

Pharmacologic Restraint Management Worksheet

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?*

_____

_____

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

_____

_____

Supportive interventions attempted, and effectiveness

_____

_____

_____

Possible underlying reasons for target behaviour

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

_____

_____

☐ 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)*

_____

_____

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

_____

_____

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 _____ ☐ Communicate with prescriber _____

☐ Updates to care plan _____ ☐ Communicate with staff, all shifts _____

☐ Updates to family/alternate decision maker _____

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

Alberta Health Services

Follow-up Assessments

Date *(yyyy-Mon-dd)*	Notes

Antipsychotics: appropriate for	Antipsychotics: not appropriate to treat/may worsen
• 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)*	• 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	Possible anticholinergic*
• 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*	• 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 *www.deprescribing.org*

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