## Pharmacologic Restraint Management Worksheet

<table>
<thead>
<tr>
<th>Date (yyyy-Mon-dd)</th>
<th>Initial Review</th>
<th>Reassessment</th>
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</thead>
</table>

### 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**

<table>
<thead>
<tr>
<th>Reviewer Name <em>(Last Name, First Name)</em></th>
<th>Signature</th>
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<th>Signature</th>
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### 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**

<table>
<thead>
<tr>
<th>Physician or Nurse Practitioner Name</th>
<th>Signature</th>
<th>Date (yyyy-Mon-dd)</th>
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</table>
## 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

<table>
<thead>
<tr>
<th>Highly anticholinergic* or sedating</th>
<th>Possible anticholinergic*</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Anticonvulsants (<em>e.g. carbamazepine</em>, gabapentin)</td>
<td>• Antibiotics* (<em>e.g. ampicillin, gentamicin</em>)</td>
</tr>
<tr>
<td>• Antidepressants* (<em>e.g. tricyclics, paroxetine</em>)</td>
<td>• Cholinesterase inhibitors (<em>e.g. donepezil</em>)</td>
</tr>
<tr>
<td>• Antiemetics/Antivertigo* (<em>e.g. dimenhydrinate</em>)</td>
<td>• Cardiovascular agents* and diuretics (<em>e.g. digoxin, diltiazem, furosemide, metoprolol</em>)</td>
</tr>
<tr>
<td>• Antihistamines/antipruritics* (<em>e.g. diphenhydramine</em>)</td>
<td>• Lithium*, Steroids*, NSAIDS, Warfarin</td>
</tr>
<tr>
<td>• Medications for bladder control* (<em>e.g. oxybutynin</em>)</td>
<td>• Statins (<em>e.g. muscle &amp; nerve pain</em>)</td>
</tr>
</tbody>
</table>
| • Antiparkinsonian medications* (*e.g. levodopa*) | 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](http://www.deprescribing.org) |
| • Antipsychotics* (*e.g. quetiapine, risperidone, haloperidol*) | |
| • Antispasmotics* (*e.g. hyoscine*) | |
| • Muscle relaxants* (*e.g. cyclobenzaprine*) | |
| • Sedatives/Hypnotics (*e.g. zopiclone, benzodiazepines*) | |
| • Opioids* | |

### 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.