



Chemical Restraints

What is it?

A **chemical restraint** is a drug or medication that is used to manage a patient's behavior or restrict the patient's freedom of movement.

It is **NOT** a standard treatment or dosage for the patient's medical or behavioral condition.



When it is **NOT** a Restraint and is a Treatment...

Medications such as the following are **NOT CONSIDERED RESTRAINTS**, when based on the assessed needs of the patients:

1. Therapeutic doses of psychotropic medications for patients who are suffering from serious mental illness to improve their level of functioning so that they can participate in their treatment. (i.e. Haldol)

3. Appropriate doses of sleeping medication for insomnia. (i.e. benzodiazepines)

This applies to even one-time doses.



2. Therapeutic doses of anti-anxiety medications to calm the patient who is anxious. (i.e. Lorazepam)

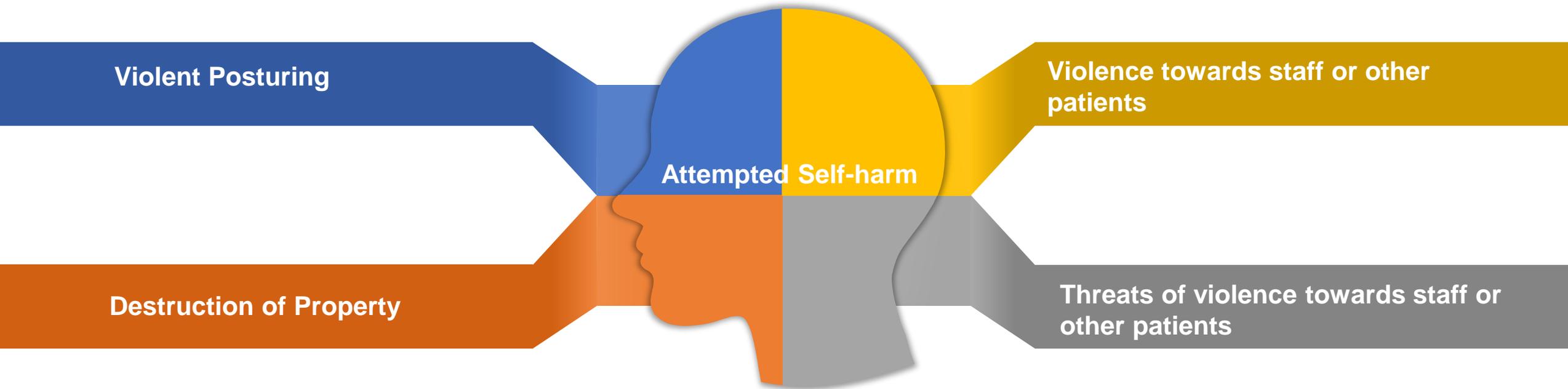
4. Appropriate doses of analgesic medications ordered for pain management. (i.e. narcotics)





When it IS a Restraint ...

**INTENTIONALLY USED TO RESTRICT THE PATIENT'S MOVEMENT AND
WHEN THE PATIENT IS DEMONSTRATING ANY OF THE FOLLOWING
BEHAVIORS...**



The key is the medication is given primarily to control/restrict movement, not to treat a mental illness or physical condition.



Scenarios...



Confused and Agitated

My patient is very confused, agitated and is wandering around the unit. The provider ordered a one-time dose of standard medications for this type of behavior (Haldol and Ativan). Is this a chemical restraint? Was it an appropriate treatment?

NO, it is NOT a restraint and YES, it was an appropriate treatment.



Combative and Destructive

EMS brought in a patient to the ED who has a known behavioral health history and takes antipsychotic medications. The patient is non-compliant with his meds and is attempting to kick, hit and spit at staff. The provider orders a one-time dose of Geodon. Is this a chemical restraint? Was it appropriate?

YES, it IS a restraint and YES, it was appropriate.



Dementia and Wandering

A patient on your unit has dementia, is unable to perform ADL's independently and has Sundowners. He is up late at night and paces his room and has wandered into other patient rooms yelling for "Help". The provider orders a one-time dose of Benadryl 50mg to "help him sleep". Is this a chemical restraint? Was it appropriate?

YES, it IS a restraint and NO, it was not appropriate.





Chemical Restraint Assessment Parameters

When a patient receives a medication used as a chemical restraint the following must be performed:

Physical Assessment:

- Vital Signs (HR, RR, BP, SpO₂) every 15 minutes x 2 hours;
- Then vital signs every 1-hour x 2
- **NOTE:** If unable to obtain full vital signs due to patients' agitation and/or threat to safety of staff or patients, minimum monitoring should include respiratory rate.

Restraint Monitoring:

- Performed and documented every 15 minutes x 2 hours: observation, psychological status and current behavior
- Performed and documented every 2 hours:
 - Physical Comfort
 - Circulation
 - ROM
 - Fluids
 - Food/Meal
 - Elimination

Chemical restraint monitoring lasts for four hours from the administration of the last medication. If a patient received Geodon @ 1300, restraint monitoring ends at 1700. But if the patient received another dose of Geodon @ 1500, then the reassessment continues for 4 hours after that administration, and it would end at 1900.