

Seniors Health Strategic Clinical Network™

Restraint as a Last Resort

©2018 Alberta Health Services, Seniors Health Strategic Clinical Network

Disclaimer, Copyright and Creative Commons Agreement

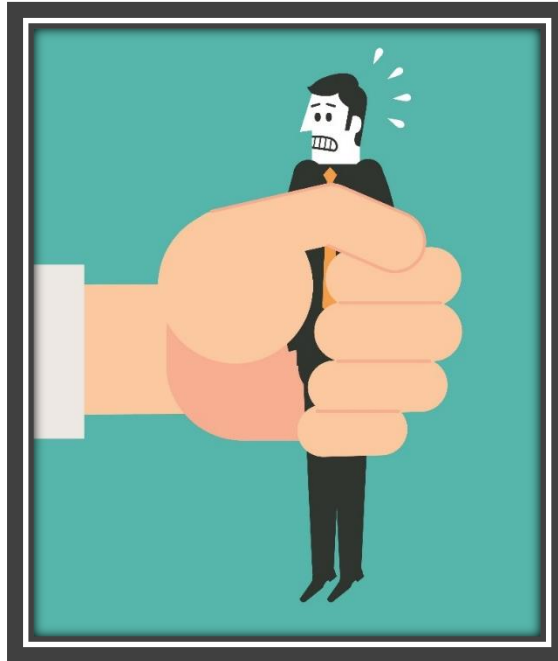


This work is licensed under a Creative Commons Attribution-Non-commercial-No-Derivatives 4.0 International license unless otherwise noted. To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>. The license does not apply to content for which the Alberta Health Services is not the copyright owner. Logos, trademarks, third party and website images have been licensed separately or reproduced with permission and are not included in this Creative Commons license.

The material is intended for general information only and is provided on an “as is,” “where is” basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information.



Restraint As a Last Resort



RESTRAINT POLICY

- 1) Physical
- 2) Environmental
- 3) Pharmacologic
- 4) Mechanical

- ✓ LEAST restrictive
- ✓ SHORTEST time
- ✓ LAST resort
- ✓ CONSENT



PHYSICAL restraint



ENVIRONMENTAL restraint



MECHANICAL restraint



Current practices for restraint use

82%	Protect from FALLS
59-72%	Maintain therapeutic devices (IV, Catheters, Dressings, sutures)
67%	Protect others from combativeness
65%	Confusion
22%	Prevent wandering
13%	Prevent from bothering other patients
12%	Encourage rest

Do restraints prevent falls?

Restraint use is positively associated with falls.

Res Theory Nurs Pract 2011
06;25(2):127-152

“Restraint use is associated with increased severity of injury in hospital patients who fall”

J Med Sci (2005) 174: 28

Protect medical devices?

ICU study found increases in:

- overall adverse events
- agitation
- delirium
- higher doses of opioids, sedatives, antipsychotics
- more extended use of antipsychotics
- ICU LOS
- Post-Traumatic Stress Disorder

Crit Care. 2014; 18(2): R46.

Mechanical restraint increased self extubation by 3.11 times

Am J Crit Care Sept 2008 vol. 17 no. 5 408-415

The patient perspective:

*“I have done nothing to deserve this [restraints].
To think you fought a war – now I am a POW!”*

“I tried to untie my hands to resist. I think any human being would”

“I felt like a dog and cried all night”

Patients' coping strategies:

Think, pray, try to forget

Attempt removal

Request removal

Do nothing or give up

“After a while I gave up; I became a mouse”

Physical Restraint of Hospitalized Elderly: Perceptions of Patients and Nurses Nursing Research,
MAY/JUN 1988 Vol

PHARMACOLOGIC restraint



Video

They're Waking Up



<https://globalnews.ca/news/2579062/theyre-waking-up-reducing-drugs-for-dementia-patients-yields-dramatic-results/>

Video

New Perspective



<https://www.youtube.com/watch?v=zeVBAg4fyMw&feature=youtu.be/>

Medications used as PHARMACOLOGIC restraints

Antipsychotics

- Haldol (haloperidol)
- Risperdal (risperidone)
- Seroquel (quetiapine)
- Zyprexa (olanzapine)
- Abilify (aripiprazole)
- Largactil (chlorpromazine)
- Stelazine (trifluoperphenazine)

Antidepressants

- Trazadone

Benzodiazepines & other sedative/hypnotics

- Rivotril (clonazepam)
- Ativan (lorazepam)
- Xanax (alprazolam)

“Z drugs” & other medications

- Zopiclone
- Gravol
- hs sedation (at 2 am!)

Health Canada Advisories and Warnings

(2002, 2004, 2005, 2015, 2016)

Risks of atypical antipsychotic use in dementia care include:

- ❖ **Heart failure**
- ❖ **Sudden cardiac death**
- ❖ **Stroke**
- ❖ **Urinary retention**
- ❖ **Infection (mostly pneumonia: 60% increased risk)**



Potential Side Effects of Antipsychotics



- Confusion
- Agitation, restlessness
- Sleep disturbances
- Muscle stiffness, weakness, pain
- Difficulty urinating
- Nausea
- Hyper-salivation
- Falls

Appropriate Use of Antipsychotics

Confirmed mental health diagnosis e.g. schizophrenia, bipolar depression

Psychosis: Distressing hallucinations and delusions

Significant physical aggression: limited effectiveness



Antipsychotic Hazards



Extrapyramidal Symptoms

tremor, leaning, stiffness, jerky limb movements, swallowing problems

Tardive Dyskinesia

- painful muscle contractions of face, neck, tongue
- facial grimacing, lip smacking, tongue thrusting

Neuroleptic Malignant Syndrome

Diabetes, increased lipids

Akathisia

inner restlessness, need for constant motion



Pharmacologic Restraint Management Worksheet

Affix patient label within this box

Purpose: Review of Antipsychotic Pharmacologic restraint Responsive behaviour
Medication (antipsychotic/pharmacologic restraint) and reason prescribed (see reverse)

Appropriate
If reason unknown, gradual dose reduction may help determine if medication is of benefit
 Potentially inappropriate
 Behaviour has worsened/not improved
 No responsive behaviours observed
 Psychosis resolved
 Reason unknown
 Risks/adverse effects outweigh benefits
 Other

Criteria for Restraint Discontinuation (review health record, include input from family and staff on all shifts)
Possible reasons for responsive behaviour(s) (refer to behaviour mapping and/or health record)
 Unmet physical need (e.g. constipation, pain, elimination, fatigue, hunger, thirst, too hot or cold)
 Psychosocial (e.g. stress threshold, loneliness, depression, post-traumatic events)
 Environmental (e.g. over/under stimulation, overcrowding, noise, inconsistent routine, provocation by others)
 Staff (e.g. approach, gender, appearance, age, tone of voice)
 Medical conditions (e.g. delirium, dehydration, malnutrition, hypoglycemia, medication-related nutrient and fluid deficiencies)
 Medications (see reverse) # pills or capsules/day diuretic change in medication
 Other

Supportive approaches, strategies or interventions (describe)
Possible side effects of antipsychotics (may improve with dose reduction/discontinuation)
 No side effects noted Side effects noted (see reverse) improving worsening
Comments

Interdisciplinary team recommendations
 Reduce dose/frequency
 Increase dose/frequency
 Discontinue
 Continue
 Comprehensive medication review
 Pharmacologic restraint

Participants in review (Name and role)

Next Review Date (yyyy-Mon-dd)

Signature

Physician or Prescriber name



Supporting Information

Antipsychotics are appropriate for

- Confirmed mental health diagnosis (e.g. bipolar, schizophrenia, delusional disorder, major depression)
 - Psychiatrist involvement recommended for dosage adjustments.
 - Distressing hallucinations and delusions
 - Behaviour that places self/others at risk of injury
- Short term use may be appropriate while person-centred approaches are explored.

Antipsychotics are not appropriate for or may worsen these behaviours

- Paces, appears upset/fearful, restless, wanders
- Sleep disturbance, sun downing
- Shouting, screaming, calling out, cursing
- Repetitive questions
- Social or sexual disinhibition e.g. undressing, 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 and/or responsive behaviours

- Highly anticholinergic* or sedating
- Anticonvulsants (e.g. carbamazepine*, gabapentin)
- Antidepressants* (e.g. tricyclics, paroxetine)
- Antiemetics/Antivertigo* (e.g. dimenhydrinate)
- Antihistamines/antipruritics* (e.g. diphenhydramine, hydroxyzine)
- Medications for bladder control* (e.g. oxybutynin)
- Antiparkinsons medications* (e.g. levodopa)
- Antipsychotics* (e.g. quetiapine, risperidone, haloperidol, olanzapine, aripiprazole)
- Antispasmodics* (e.g. hyoscine)
- Muscle relaxants* (e.g. cyclobenzaprine)
- Sedatives/Hypnotics (e.g. zopiclone, benzodiazepines*)
- Opioids*

Possible anticholinergic* and/or may contribute to behaviours

- Antibiotics* (e.g. ampicillin, gentamicin)
- Cholinesterase inhibitors (e.g. donepezil)
- Cardiovascular agents* and diuretics (e.g. digoxin, diltiazem, furosemide, metoprolol)
- Lithium*
- Warfarin*
- Statins (e.g. muscle & nerve pain)
- Steroids*
- Other
- NSAIDS

anticholinergic medications*
pill burden (# pills/capsules per day)

Consider additive effects of multiple medications with high and/or low anticholinergic burden. Consider possible side effects of all prescribed medications

The following tools may be helpful when considering potentially inappropriate medications in the elderly:
Screening Tool of Older Person's Prescriptions (STOPP) version 2
2015 American Geriatric Society Beers Criteria
medstopper.com
RxFiles: Anticholinergics: Reference List of Drugs with Anticholinergic Effects, July 2015, or Dementia Overview

Possible Antipsychotic Side Effects: See drug monographs for medication-specific side effects.

- Non-Movement Side Effects**
 - Confusion, disorientation
 - Constipation, difficulty urinating
 - Decreased social contact
 - Change in weight
 - Blurred vision
 - New or increased agitation
 - Loss of appetite or dehydration
 - Insomnia
 - Sedation or lethargy
 - Change in blood pressure
- Movement-type Side Effects**
 - Motor restlessness (akathisia)
 - Stiffness of mouth, tongue, jaw, face (tardive dyskinesia)
 - Slow movements, shuffling, stooped posture (pseudoparkinsonism)
 - Stiffness
 - Drooling or spitting
 - Difficulty swallowing
 - Muscle stiffness, spasm of neck, back or face (dystonic reaction)

Pharmacologic Restraint Management Worksheet (Form 19676)



Restraint as a Last Resort – Key Points

- ✓ Last resort - Try other strategies first
- ✓ Least restrictive
- ✓ Shortest time (discontinue at earliest opportunity)
- ✓ Informed consent discussion

Always consider the risks and hazards of restraint use

Slide	Creator	Title	Source	Licence
3, 5	yuoak	Businessman in a big hand - illustration	https://www.istockphoto.com/ca/vector/businessman-in-a-big-hand-gm621727452-108669395?clarity=false	iStock standard license https://www.istockphoto.com/ca/help/licenses
6	AHS Seniors Health SCN	Photo of door lock	n/a	Creative Commons BY-NC-ND
7	AHS Seniors Health SCN	Photo of chair with table and belt	n/a	Creative Commons BY-NC-ND
7	AHS Seniors Health SCN	Photo of wrist restraint	n/a	Creative Commons BY-NC-ND
12	tforgo	pill open capsule	https://www.istockphoto.com/ca/photo/pills-gm145191779-5369564?clarity=false	iStock standard license https://www.istockphoto.com/ca/help/licenses
13	Global news	"They're Waking Up" (screenshot)	https://globalnews.ca/news/2579062/theyre-waking-up-reducing-drugs-for-dementia-patients-yields-dramatic-results/	© 2018 Global News, a division of Corus Entertainment Inc. Corus News. All rights reserved.
13	AHS	Program brings new perspective for dementia patients	https://www.youtube.com/watch?v=zeVBAG4fyMw&feature=youtu.be	Standard YouTube channel licence/terms of use
15	deMysticWay	Canadian Flag	https://pixabay.com/en/canada-flag-maple-leaf-red-white-2906822/	CC0 (free for commercial use, no attribution required) https://pixabay.com/en/service/terms/#usage
16	Open Clipart-vectors	Brain gears	https://pixabay.com/en/question-quiz-think-thinking-2004314/	CC0 (free for commercial use, no attribution required) https://pixabay.com/en/service/terms/#usage
17	geralt	Man with hand to head	https://pixabay.com/en/despair-alone-being-alone-archetype-1235583/	CC0 (free for commercial use, no attribution required) https://pixabay.com/en/service/terms/#usage
18	imagesbybarbara	Woman on floor	https://www.istockphoto.com/ca/photo/senior-fall-of-a-elderly-woman-gm476165881-26403337?clarity=false	iStock standard license https://www.istockphoto.com/ca/help/licenses