

# Clinical Pearls

wardmm  
institute  
medication management training

**Each week we will aim to bring out a concise email that provides 4-5 key pieces of information addressing a specific issue in clinical therapeutics.**

**This week: Chemical Restraint**

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It has been brought to our notice that one of the areas of focus for the assessors when conducting spot checks at our homes is the issue of chemical restraint.

Chemical restraint is defined as the use of any type of medication to restrict an individual's movement or freedom. Chemical restraint may be used to manage agitation or aggression or sedating an individual. The usual medications associated with this are anti-psychotics and benzodiazepines.

In some instances, these medications have a specific diagnosis associated with their use e.g. schizophrenia and it is important that the reason for use is documented in the notes.

Also, all prescriptions in the "when required" or PRN part of the drug chart should have the reason for use recorded on the medication chart to avoid inappropriate use of these medications. Please ensure you have written permission from the family to use these medications. Your WardMM Clinical Pharmacist can help you with this.

All our homes have a policy in how to deal with residents exhibiting behavioural and psychological symptoms of dementia (BPSD). The last step in treating someone with BPSD should be medications and it is important to document **all** the steps that have been taken prior to the need to administer these medications.

Ensure you are extra vigilant with PRN use and if this is being used more than 3 times per month then seek advice on the need to review and establish a diagnosis for use of these medications.

## The steps taken before pharmacological intervention should include:

1. A risk assessment to identify any immediate risks to the person with dementia or others within the care environment
2. A comprehensive assessment that is person centred and considers the following key aspects:
  - Referrer's description of behaviour
  - The behaviour
  - The person
  - The carer
  - The care environment
3. Any reversible causes of the behaviour(s) excluded and/or treated for example pain, constipation, toileting needs etc.

For further information and some learning modules please click on the link below: <https://www.dta.com.au/>

To sign up to Ward MM Clinical Pearls click <https://wardmm.com.au/institute/clinical-pearls.html>