

# Survey Readiness Tools - Chemical Restraints



<b>Chemical Restraints F-605:</b> A chemical restraint is defined as any drug that is used for discipline or staff convenience and not required to treat medical symptoms. When any medication restricts the resident's movement or cognition, or sedates or subdues the resident, and is not an accepted standard of practice for a resident's medical or psychiatric condition, the medication could be a chemical restraint.	Yes	No
Is it being used for discipline or convenience? ("Convenience" is defined as the result of any action that has the effect of altering a resident's behavior such that the resident requires a lesser amount of effort or care and is not in the resident's best interest. "Discipline" is defined as any action taken by facility staff for the purpose of punishing or penalizing residents.)		
Has the resident and/or resident representative given consent?		
Is there a written order from the attending physician?		
Is there ongoing re-evaluation of the need for the medication?		
Is the indication for use identified and documented in the medical record? ("Indication for use" is defined as the identified, documented clinical rationale for administering a medication that is based upon an assessment of the resident's condition and therapeutic goals.)		
Was a plan developed and implemented for gradual dose reductions unless clinically contraindicated?		
Is the least restrictive treatment being used for the least amount of time?		
Does the medication treat the resident's medical symptom? (Medical symptom is defined as an indication or characteristic of a medical, physical, or psychological condition.)		
Has appropriate assessment and care planning by the interdisciplinary team been completed?		
Is ongoing evaluation and documentation of the medication and medical symptom being completed?		
Does the record show if the practitioner has identified the underlying causes of the behavior either before or while treating a medical symptom?		
Is there a less restrictive alternative treatment that could be given that meets the residents needs and preferences?		
Have environmental factors been addressed? This includes staffing levels, over-stimulating noise or activities, under-stimulating activities, lighting, hunger/thirst, alteration in the resident's customary location or daily routine, physical aggression leading to altercations, temperature of the environment, and crowding.		
If the resident receives a psychotropic medication before a PRN-ordered medication, is it only administered to treat a diagnosed symptom?		
Do orders include the date, medication name, medical reason, frequency and duration of medication used?		
Is the PRN or routine medication discontinued when the medical symptom is no longer being treated or the medication is not needed unless clinically contraindicated?		
Does the medication assist the resident in attaining or maintaining his/her highest practicable physical, mental, and psycho-social well-being?		
Is medication used in an excessive dosage or duration?		
For a PRN medication, is the dosage exceeding what is prescribed by the practitioner?		
If the resident is not responding to the initial administration of the PRN medication, was the practitioner contacted regarding re-assessment of the resident's medical condition and evaluation of interventions?		
Is the resident adequately monitored for effectiveness of the medication and adverse consequences resulting from the medication?		
Is the medication used to restrict or sedate a patient to make them easier to manage? (i.e. easier to bathe, to prevent wandering or calling out, etc.)		

	Yes	No
Is the resident experiencing any of the side effects below? <i>(There may be side effects that are not included below.)</i>		
• Loss of autonomy, dignity, self-respect and orientation.		
• Confusion, cognitive decline.		
• Depression / withdrawal.		
• Decline in skin integrity.		
• Subdued, sedation or withdrawn.		
• Decline in continence.		
• Asleep during hours that she / he would not be ordinarily asleep.		
• Decline in physical functioning, including an increased dependence in activities of daily living and impaired muscle strength.		
• Increased risk of falls.		
• Weight loss.		
• Development of contractures.		
• Limited functional capacity.		
• Decrease in activity levels including social activities.		
• Decline in range of motion and balance.		