# Chemical Restraint

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## Definition of Chemical Restraint

A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition

- A medication-not prescribed to treat the patient's medical condition
- Administered with the primary intent of medically restraining the patient who presents a likelihood of serious physical injury to themselves or others.
- As an example, a chemical restraint would reduce a patient's alertness, cause a patient to fall asleep, or otherwise render them UNABLE to function normally.

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## Chemical Restraint

- Chemical restraint is considered the most restrictive of the restraint modalities. This is due to the fact that, once given there is no going back.

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## Chemical Restraint

- If a patient does not agree to taking a medication and requires a physical hold it is considered a forced medication.

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## Chemical Restraint

- If a patient is administered a forced medication, it will be considered a chemical restraint.
- Two exceptions to this would be:
  - 1) If a patient has a court order for forced medications of their routine medications to address their illness or condition
  - 2) A guardian gives consent for forced medications of a patients routine prescribed medications.

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## Monitoring Chemical Restraint

- **When a chemical restraint is administered monitoring will include:**
  - Vital Signs (HR, RR, BP, and $SpO_2$) at initiation and every 15 minutes x 2 hours, then every hour x 2 hours.
  - Document psychological status and current behavior at initiation, every 15 minutes x 2 hours, then every hour x 2 hours
- If an additional dose is given 30 minutes after the first dose of medication, monitoring would start over for a period of 4 hours. This would be a total monitoring time of 4 ½ hours from initial dose.
- Patients on a continuous drip chemical restraint will have documentation of psychological status, current behavior and vital signs every 1 hour and for 2 hours after discontinuation of the medication.
- Face-to-face documentation is also required

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## Monitoring Chemical Restraints (Cont.)

- If unable to obtain full vital signs due to agitation and or threat to safety of staff or the patient, a minimum monitoring should include respiration rate.

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## Chemical Restraint Orders

- Chemical restraint orders are one time only. They can not be PRN or standing orders.
- A new order for chemical restraint is required based on a new episode of behavior. If a chemical restraint is ordered and the dose is not effective, (behavior is not changed) then a subsequent dose would not be considered a “new” restraint requiring a new order. However, if another chemical restraint is required after time has passed and the first dose was effective it is considered a new restraint episode and requires a new order, face-to-face and further requirements.

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# Chemical Restraints

The following medications would be considered Chemical Restraints if given to control behavior. Other Medications if given with the intent to sedate and reduce behaviors would also be Chemical Restraints.

B52- Haldol 5mg. Benadryl 50 mg, Ativan 2 mg

Propofol

Versed - (Midavalom)

Precedex - (Dexmedetomidine)

Ketamine

Fentanyl

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# Chemical Restraint Citations from actual surveys

- Policy titled, "Restraint, Physical" revealed, ..."Mechanical and Chemical restraint is not utilized at this hospital...."

  Patient #15 's medical record showed Patient #15 was administered 50 mg Benadryl, 5mg Haldol and 2mg Ativan intramuscularly on 12/06/2023 at 11:42. No chemical restraint orders or documentation were found in Patient #15 ' s medical records for this time.

  Patient #16 's medical record contained a note titled "Discharge MAR,", which revealed Patient #16 was administered 50 mg Benadryl, 100mg Thorazine and 5mg Versed Intramuscularly on 07/11/2024 at 21:15. No chemical restraint documentation or orders were found in the Patient's medical records for this time.

  Employee #6 confirmed in an interview conducted on 07/16/2024, that patients were being administered the combination of intramuscularly injected Benadryl, an antipsychotic medication and an anxiolytic medication without classifying the process as a chemical restraint.

- **These examples were actual deficiencies taken from hospital surveys**

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# Chemical Restraint: Example of inappropriate Restraint

A patient is being evaluated in the emergency room following a fall. He is experiencing symptoms of alcohol withdrawal and is yelling and cursing at staff.

The nurses believe they cannot spare a staff member to sit with the patient and ask the physician for an order to medicate him with Ativan and Haldol. They administered the medications and he slept through the remainder of the shift.

This is an inappropriate chemical restraint. He was not physically threatening to staff. There was no documentation that other intervention were tried to calm the patient or that he was offered medication by mouth.

It may be true nurses did not have enough time to sit with the patient, but chemical restraint cannot be used as a substitute for adequate staffing.

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# Chemical Restraint Example

- A patient is screaming out loud, breaking and tearing down property as well as threatening staff. The patient was not psychotic. The patient received Haldol 5 mg IM one time only and Ativan 2mg one time only.
- This is a chemical restraint due to not being a standard treatment for the patients medical or psychiatric condition and results in the restricting of the patient's freedom of movement. It would require all the appropriate restraint observation and documentation including the face-to-face.

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# Chemical Restraint: Example

- A patient attacks a staff member punching them in the face. The physician give an order for a B-52 ( Haldol 5mg, Benadryl 50mg and Ativan 2mg).
- The patient is given the medication and required a physical hold. This would be a physical restraint as well as a chemical restraint and would require all the appropriate restraint observation and documentation.

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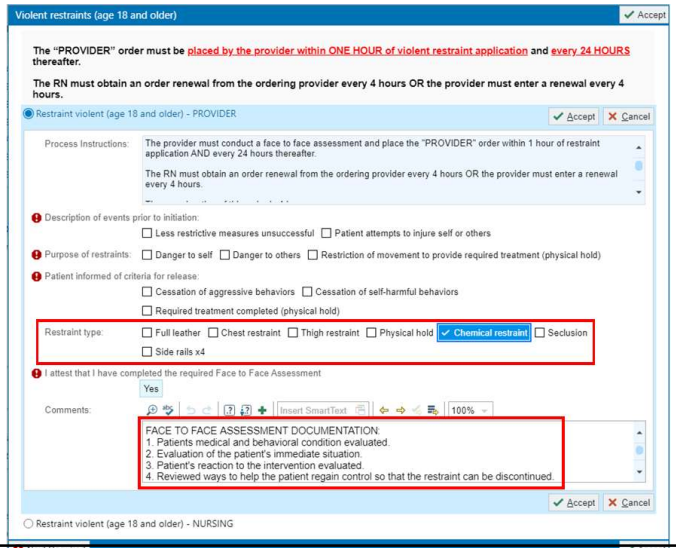
# Provider Order with Restraint Type of "Chemical Restraint" and the Face-to-Face Included

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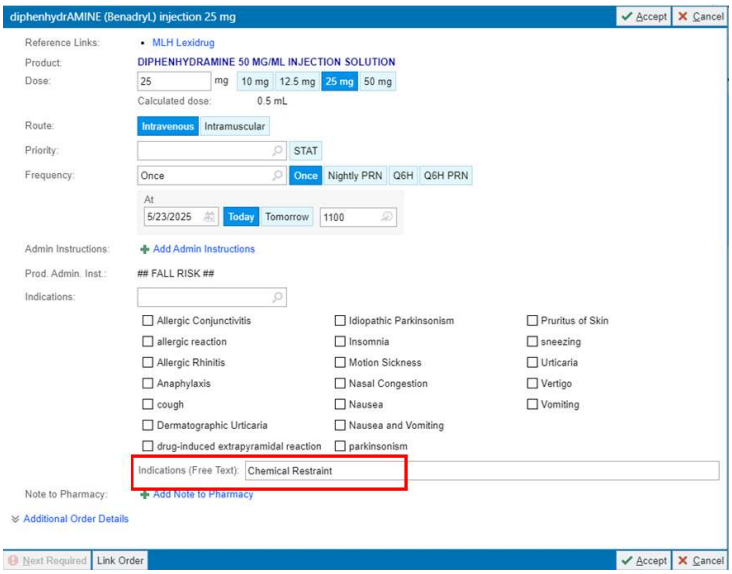
# Medication Order with Indication of Chemical Restraint

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# MLH Violent Restraint Flowsheet for Nursing Documentation

| | | | |
|---|---|---|---|
| **Restraint Ongoing Evaluation (Document on Start of Any Restraint and Every 15 Minutes)** | | | |
| Mental Status | | | |
| Every 15 Minute Assessment | | | |
| Observation note every 15 minutes | | | |
| **Vital Signs (Document on Start of Any Restraint and Every 15 Minutes)** | | | |
| Temp | | | |
| Temp src | | | |
| Heart Rate | | | |
| Heart Rate Source | | | |
| Resp | | | |
| BP | | | |
| SpO2 | | | |
| Vital Signs Refused (Must Chart Respirations) | | | |
| **Restraint (Document on Start of Any Restraint and Every 4 Hours With a New Order)** | | | |
| Response to Interventions | | | |
| Restraint Education | | | |
| Restraint by Physical Hold | | | |
| Notification of Attending Provider | | | |
| 4 Point Restraints Locked | | | |
| Chest Locked | | | |
| Chemical Restraint | | | |
| Thigh Locked | | | |
| Seculsion Restraint | | | |
| Physical Hold | | | |
| **Restraint Discontinuation** | | | |
| Criteria for Release Met | | | |
| Note Concerning Notification of POA/Guardian | | | |
| **Restraint Debriefing** | | | |
| Reason for Restraint | | | |
| What Could Have Been Done to Prevent Restr... | | | |
| Warning Signs/Triggers Displayed | | | |
| Evaluation of Patient | | | |

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