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| CHEMICAL RESTRAINTS | | | | NO. | |
| PURPOSE:  To provide specific guidelines relating to Chemical Restraints.  STATEMENT OF POLICY:  It is the policy of this facility that residents will be free of any chemical restrain imposed for the purpose of discipline or convenience and not required to treat the resident’s medical symptoms.  Procedure:   1. The facility will utilize the following definitions to identify chemical restraints. 2. Chemical Restraints-a psychopharmacologic drug that is used for discipline and/or convenience and not required to treat medical symptoms. 3. Discipline-any action taken by the facility for the purpose of punishing or penalizing a resident. 4. Convenience-any action taken by the facility to control resident behavior or maintain resident with a lesser amount of effort and not in the resident’s best interest. 5. Every effort will be made to provide a drug regimen that is free from unnecessary drugs. This includes any drug used. 6. In excessive dose 7. For excessive duration 8. Without adequate monitoring 9. Without adequate indications for use 10. In the presence of adverse consequences which indicate the dose should be reduced or discontinued. 11. Psychopharmacologic drugs will be used for residents who have: 12. Valid physicians order 13. Appropriate diagnosis 14. Documentation that reflects resident behavior 15. Clinical rationale 16. Monitoring   (Refer to policies and procedures on Long-Acting Benzodiazepines, Short-Acting Benzodiazepines or other Anxiolytic/Sedative Drugs, Drugs for Sleep Induction, Miscellaneous Hypnotic/Sedative/Anxiolytic Drugs and Antipsychotic Drugs.)  References: F-222 Resident Behavior and Facility Practice,  F-329 to F-333 Unnecessary Drugs | | | | | |
| Approved: | Effective Date:  9/2010 | Revision Date: | Change No.: | | Page: |

CHEMICAL RESTRAINTS

WHAT ARE THEY?

* A psychoactive drug that is used for discipline and/or convenience and not required to treat medical symptoms.
* Psychoactive drugs should only be used with a valid physicians order, appropriate diagnosis, documentation of resident’s behavioral symptoms, clinical rationale and monitoring.