We can anticipate in this difficult time the increase in requests/considerations for restraint use in management of responsive behaviours with our cognitively impaired patients.

It is important to continue to use a non-pharmacological approach as first line to prevent and manage responsive behaviours.

As fewer resources are available (family, volunteers, personal items), attention to unmet care needs is essential to avoid the development/escalation of responsive behaviours.

As per AHS Policy Document # HS-176-01. Prior to ordering restraints to manage responsive behavior that places the patient or others at risk, please ensure that all attempts to manage behaviours have been attempted/initiated. This includes:

- Robust Comfort Rounds to support unmet and anticipated needs.
- Consider ordering the ‘Care of the Older Adult’ order set.
- Consult the site Geriatric Advanced Practice Nurse to support bedside staff with implementation of non-pharmacological initiatives.

If the decision is made to use Mechanical Restraints, consider these ‘Least Restraint’ options first:

1) Environmental restraints if concerns about wandering (e.g. closing doors; use of half-doors; “Stop” signs on doors)

2) Waist restraint to maintain free movement of limbs wherever possible (e.g. lap belt to remind patient to remain seated, waist / Beaver tail to remind patient to stay in bed/chair)

3) Wrist restraints if there is impulse control and risk of blood/body fluid contamination

Ongoing emphasis on consistent Comfort Rounds and NICE & EASY care approach and the importance of the 5 P’s:

**Position:**
- Goal to mobilize at least 3 times daily and in chair for all meals.
- Set up the meal tray for the patient.

**Pain:**
- Pain is often under recognized and under treated in older adults resulting in agitation.
- Consider using the PAIN-AD tool to identify pain in older adults with cognitive impairment.
- Consider regularly scheduled acetaminophen.

**Personal needs:**
- Ensure all supportive aids are utilized (i.e. glasses, hearing aids, etc.) to facilitate effective communication.
- Provide distractions and cognitive stimulation where possible given the limitations in personal items from home.

**Protect Sleep:**
- Older adults do not require more sleep. Increased day time napping will result in fewer hours of night time sleep.
- Day: Lights on, curtains/blinds open, bed by window wherever possible, white board accurate
- Night: Lights low / off, curtains/blinds closed, low noise, minimize interruptions to sleep unless clinically indicated.

**Promote Elimination:**
- Constipation and urinary retention can cause and prolong delirium/agitation.

- The evidence for use of Chemical Restraints (medications) is limited and may actually cause/worsen delirium.
- Before considering Chemical Restraints, review current medication list for drugs that cause confusion (i.e. psychoactive drugs; anticholinergic burden)
- If significant aggression develops that puts the patient or others at risk of harm, consider reduced doses of antipsychotics:
  - Risperidone ≤ 1mg PO
  - Olanzapine 2.5 -5mg PO
  - Quetiapine 12.5 -25mg PO
  - Olanzapine 2.5-5mg IM
  - Haloperidol 0.5 -2mg IM

Internal Links:
- PRISME
- Restraint as a Last Resort

External Links:
- NICE & EASY
- STRAINED
- PAIN AD