

APPROACH TO LEAST RESTRAINT USE when Isolation is Required

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 \leq 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](#)