Chemical Restraint - FAQs

(1) How can we determine which medications are 'chemical restraints'?

Chemical restraint definition and legislation is state-based and does vary. Some psychotropic medications are prescribed with the intent of chemically restraining a person's behaviour and are clearly 'chemical restraints', however all psychotropic medications are also in effect chemical restraints because of their action in modifying a person's behaviour, mental state and physical function. It is important to focus on ensuring the use of all psychotropics is appropriate, through regular review and documentation of the intended reason for ongoing use, as well as of the ongoing consent particularly for medications that may be used for behaviour management.

(2) What psychotropic medications should the Meditrax Psychotropic Management Form be used for?

Facilities should determine which psychotropic medications require use of the psychotropic management form. Meditrax suggests it is used at a minimum for psychotropics prescribed to manage behaviours associated with dementia or other mental health conditions, and for the types of psychotropics that can be used in behaviour management. These psychotropics are:

Antipsychotics

Anxiolytics and sedatives (e.g. benzodiazepines, zolpidem, zopiclone, melatonin, valerian)

Antidepressants

Mood stabilisers (e.g. lithium, anticonvulsants not prescribed for epilepsy alone – examples may be carbamazepine and sodium valproate)

Anti-dementia drugs (e.g. donepezil, rivastigmine, galantamine, memantine) – these are medications of choice for behaviour management in Dementia with Lewy bodies.

Other psychotropics – e.g. sedating antihistamines where used for sleep

Meditrax suggests use of a psychotropic management form is not necessary for psychotropics such as antiparkinson agents in people with Parkinson's disease or restless legs syndrome, anticonvulsants where there is a clear diagnosis of epilepsy and no behavioural issues also being treated, and antiemetics being used to treat clearly documented cases of nausea and vomiting.

(3) Our doctors are complaining about unnecessary forms! Do we need to include metoclopramide (Maxolon, Pramin) on a psychotropic management form and obtain consent for its use?

Metoclopramide is a psychotropic medication used primarily in the treatment gastrointestinal disorders, particularly nausea and vomiting. It is not a psychotropic that would be prescribed in behaviour management, however its psychotropic effects may be additive with other prescribed psychotropic agents, and this should be considered as part of regular review. More specifically, it is a dopamine antagonist, therefore may have adverse effects on movement, similar to the antipsychotic agents, which are also dopamine antagonists (i.e. extrapyramidal side effects and tardive dyskinesia). Prescribing guidelines recommend short term use (< 12 weeks) or PRN use, to minimize these risks.

Similarly, prochlorperazine (e.g. Stemetil) is a phenothiazine antipsychotic drug related to chlorpromazine, but indicated only to treat nausea and vomiting and conditions such as vertigo in Meniere's disease. Prolonged use is recommended to be avoided, particularly in the older person, due to the risk of extrapyramidal side effects and tardive dyskinesia.

Meditrax' advice is that these medications do not need to be included on a psychotropic management or consent form, however should be regularly reviewed with dosage reduction or withdrawal of treatment if there is not an ongoing risk of symptoms which may require regular or PRN treatment.

(4) What about melatonin, valerian, and other complementary medications?

Chemical restraint can occur with the intentional use of complementary medications with psychotropic actions, to control a person's behaviour. Therefore melatonin, valerian and other complementary medications should be included in psychotropic medication management, with documentation of the intended use and regular review.

(5) When do we need consent forms?

A facility must be able to show evidence that consent for psychotropic medication was obtained. This could be documented in the progress notes by the prescriber or the RN. The Meditrax Psychotropic Consent Form is suggested for use where medication is prescribed to manage behavioural issues, whether associated with dementia or a mental health condition such as schizophrenia or a developmental disorder, or where medications as listed in FAQ (2) are prescribed. It can also be used where written consent from the person responsible is preferred to confirm they understand the intended use of the psychotropic medication, its common potential adverse effects, and the plan for review and cessation. It is important the person signing the consent form is the confirmed 'person responsible', and that they are given the relevant information about the use of the medication. Consent should be obtained at a minimum frequency of before the medication is commenced, at any dosage change, and before cessation.

(6) Do we also need 'Chemical Restraint' forms?

Advice to Meditrax is that a 'Chemical Restraint' form is not also required when using the Psychotropic Management Form and separate Psychotropic Consent Form. However the purpose of the Meditrax forms is not to legally define a situation of intended chemical restraint, but to ensure there is documentation of the diagnosis/indication, consent, and regular review of all psychotropic medications that may be used in behaviour management. Focusing on this documentation is likely to prevent a situation of 'inappropriate' chemical restraint.

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