

# Avoiding Drugs as Chemical Restraints

## CONSUMER FACT SHEET

**Everyone who enters a nursing home has a right to individualized, person-centered care.** Some nursing facilities, however, are giving residents antipsychotic drugs, not to treat a medical diagnosis, such as Schizophrenia or Bipolar Disorder, but rather to control the resident's behavior or for the staff's convenience. When used this way, as a chemical restraint, these drugs pose special risks for older people and increase the risk of death in persons with dementia.

## Signs of Someone at Risk for Chemical Restraints

When individuals, including residents with medical conditions such as dementia, are unable to express themselves using words, they express themselves through actions. For example, a resident may repeatedly moan to show they are in pain. These actions should not be dismissed. Instead, they should be evaluated to identify what the resident is trying to communicate. Other examples of behavioral communication that require further evaluation include:

- Anger, Distress, Agitation
- Screaming, Swearing, Spitting
- Hitting, Lashing out
- Confusion, Paranoia, Delusions
- Crying, Sadness, Fear
- Continuous wandering, Repetitive actions, Failure to cooperate

**These actions or behaviors are signals that something is wrong!**

## Signs that A Resident May Have Been Chemically Restrained

Negative effects often associated with chemical restraints can also be the result of other factors such as illness or adverse effects of other drugs. However, if a resident has the following symptoms, raise questions and ask that their drug regimen be reviewed.

- Sedation (difficulty waking the resident to eat or for a visit)
- Disordered thinking, delirium, depression, hallucinations, delusions
- Distress
- Dry mouth
- Decreased appetite
- Tardive Dyskinesia (repetitive, involuntary movement of the head, tongue, and sometimes the trunk, fingers, and toes)
- Parkinsonian symptoms



## What Rights Do Residents Have?

Federal law guarantees certain rights including that residents have the right to be free from chemical and physical restraint unless needed to treat a medical condition. All residents have the right to:

- Quality, person-centered, individualized care.
- Dignity and the right to make their own choices and treatment decisions.
- Be involved in developing their own plan of care.
- Receive care that enables them to achieve their highest level of functioning.
- Supportive caregiving in a home environment.
- Prompt response to any complaints.

**Residents have the right to question the use of these drugs and raise concerns. They have the right to decline medications!**

## What Does Good Care Look Like?

Instead of administering antipsychotics drugs for staff's convenience or to change behavior, health care providers should work to identify and treat the underlying problem the individual is trying to communicate by assessing and evaluating the person and the environment.

- Identify and address the cause of the behavioral symptoms (ex., anger, fear, pain, hunger, worry, discomfort). Review and revise the resident's care plan as appropriate.
- Consider environmental factors that may be affecting the resident's well-being – noise, lights, smells, and interactions with others are all examples of factors that can support an individual or contribute to their distress.
- Engage in good care practices such as consistent staff assignments; having adequate number of staff; well-trained staff, including caring for people with dementia; increased exercise or time outdoors; monitoring and managing acute and chronic pain.

## What Can You Do If You Are Concerned?

1. If medication was ordered and you are uncertain ask: why the drug was ordered, what is the dosage, what are the potential side effects of each drug, what are the possible drug interactions, what other approaches to care have been tried, when were these alternatives attempted, and what were the results or responses?
2. Ask for a meeting with staff to review and adapt your plan of care as necessary. Keep the focus on your needs. Monitor the care plan and if it is not being followed or the plan is not working, speak up!
3. Know your Resident Rights guaranteed by the federal 1987 Nursing Home Reform Law.
4. Work closely with caregivers to help them get to know you.
5. Ask that non-pharmacological treatments be tried before drugs are prescribed.
6. Contact your Long-Term Care Ombudsman Program:  
[https://theconsumervoice.org/get\\_help](https://theconsumervoice.org/get_help)

**Avoiding Drugs As**  
**Chemical Restraints**

**Changing the Culture of Care**

**A CONSUMER EDUCATION CAMPAIGN**

The National Consumer Voice for Quality Long-Term Care & AARP Foundation