MEDICATION HARM SERIES · PART 5

When the Medication Is the Harm

Chemical Restraint

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Chemical restraint is a drug given not to treat a condition but to control behavior for staff convenience. Federal regulation prohibits it in nursing homes. And it's the medication harm most often missed in case review, because it doesn't look like an error. The drug was ordered. The dose was correct. The MAR is clean. The resident spent eight months asleep in a chair.

The question is never whether the drug class is bad. Antipsychotics and sedatives have legitimate uses. The question is whether this drug, for this resident, was prescribed for a diagnosed condition, at the lowest effective dose, with a reduction plan, with behavior and function monitored. When those are true, it's treatment. When they're absent, the absence is the case.

WHAT FEDERAL NURSING HOME REGULATION REQUIRES, AND WHAT EACH REQUIREMENT LEAVES IN THE RECORD

- **A diagnosed, documented condition.** "Agitation," "behaviors," and "dementia with behavioral disturbance" are symptoms, not diagnoses, and surveyors cite facilities for exactly that.
- **Target behavior monitoring.** A behavior log reading "no behaviors noted" every shift for months raises the question of why the drug is still given.
- Gradual dose reduction attempts, or a documented clinical reason not to try.
- A 14-day limit on PRN psychotropic orders unless the physician documents a rationale to extend.

- Consultant pharmacist review, which must flag psychotropics without justification, with a physician response. Three monthly flags and three blank response sections is the standard and the breach, three times.

WHAT WE LOOK FOR BEYOND THE REGULATION

- **The triggering event.** Very often the drug started after one incident: a resident who struck out during care or was found wandering. One incident is not a diagnosis.
- **PRN timing against the shift schedule.** A sedative given at 7 p.m. every night at the start of the short-staffed evening shift tells you what it was for.
- **The MDS trajectory.** The facility's own assessments documenting a resident who walked, ate, and talked becoming one who didn't, with the drug start and dose increases plotted alongside.
- **The black box warning.** Antipsychotics carry a federal warning of increased mortality in elderly patients with dementia. A resident with dementia on an antipsychotic for behavioral control, with no psychiatric diagnosis, who dies of pneumonia or stroke, has that warning in the causation story.
- **The family's account of who the resident was before.** They are often the only witnesses.

Episode 90 closes our medication harm series. Across every setting, the medication record looked orderly. The failures were in what surrounded it.

This newsletter is for education only and isn't medical or legal advice.

ABOUT LEXCURA CLINICAL INTELLIGENCE

Lexcura Clinical Intelligence provides integrated clinical and regulatory analysis for attorneys handling healthcare litigation. If you have a case that turns on what the medical record really shows, we'd welcome the conversation.

Michelle Carroll

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