## Guidelines for the use of Rapid Tranquilisation in Adult Inpatients (18-65 years)

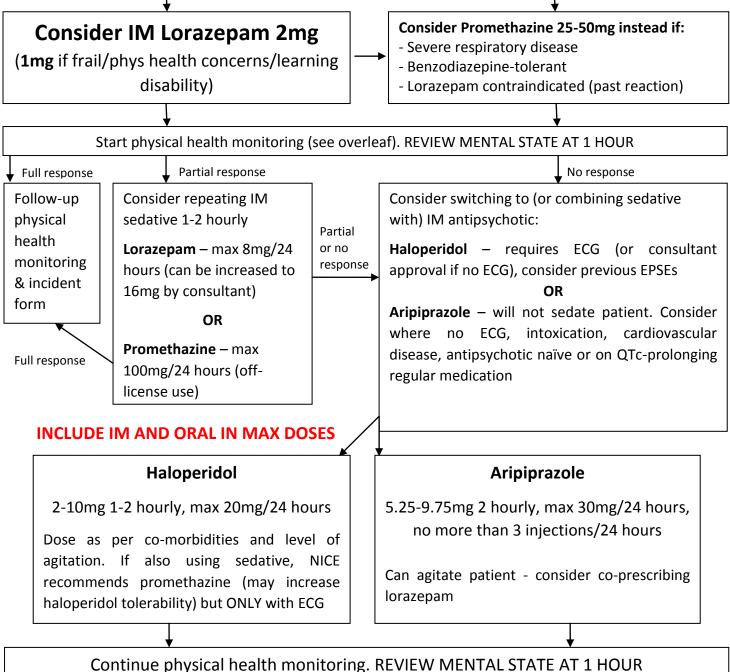


**Definition:** Use of *parenteral* psychotropic medication to control acute agitation, aggression or psychotic behaviour where **oral route is not appropriate**. Restrictive intervention – consider MHA/MCA status

#### Prior to use of Rapid Tranquilisation (RT):

- Non-pharmacological approach first-line: appropriate de-escalation and review of environment
- Oral medication route to be used before IM unless inappropriate/refused
- Ensure baseline physical examinations are done where possible: BP, HR, RR, temp and ECG
- Consider physical causes of behaviour including current intoxication
- Consider co-morbidities and possible consequences of RT administration (interactions, adverse effects)
- Daily review of cumulative doses and appropriateness of prescription with MDT/medical team
- Follow patient's Advanced Directive where applicable





Continue strategy if partial response. Contact consultant if no response

### **Oral Strategies – Sedation**

Lorazepam 2mg 1-2 hourly, max 8mg/24 hours (can be increased to 16mg by consultant)

OR

Promethazine 25-50mg 1-2 hourly, max 100mg/24 hours

#### **Oral Strategies - Antipsychotics**

Olanzapine 5-10mg 4 hourly, max 20mg/24 hours

OR

Additional dose of regular antipsychotic

OR

Haloperidol 2-10mg 1-2 hourly, max 20mg/24 hours (only with ECG or on consultant advice)

Complications Use NEWS score to determine when to alert doctor			
Problem	Remedial Measures		
Acute dystonia	Procyclidine IM 5-10mg. Review antipsychotic Rx		
Hypotension (<90mmHg systolic OR <50mmHg diastolic OR >30mmHg postural drop)	Lay patient flat and raise legs		
Bradycardia/arrhythmia (Pulse <50bpm)	Immediate referral to MEAU if antipsychotic used		
Fever (>38°C)	Withhold antipsychotics. Consider Neuroleptic Malignant Syndrome		
Reduced respiratory rate (<10 breaths per minute OR $O_2$ saturation <95%)	Immediate referral to MEAU, where flumazenil can be administered if benzodiazepine-induced. Give oxygen and lay flat with raised legs		

Physical Health Monitoring				
Physical Hea Monitor patient hourly until no further concerns Monitor patient every 15 mins if any of these conditions apply	Ith Monitoring  Mental and behavioural state Pulse Blood pressure Temperature Respiratory rate BNF maximum dose has been exceeded Patient is asleep/sedated Patient has taken illicit drugs/alcohol or has physical health co-morbidities Patient has			
	experienced any harm as a result of any restrictive intervention			

#### Pharmacokinetics

Drug and form		Time to peak plasma conc <sup>n</sup>	Half-life
Lorazepam	РО	2 hours	12 hours
	IM	60-90 mins	12-16 hours
Promethazine	PO	2-3 hours	5-14 hours
	IM	2-3 hours	5-14 hours
Haloperidol	PO	3-6 hours	10-36 hours
	IM	15-60 mins	10-36 hours
Olanzapine	PO	5-8 hours	32-50 hours
Aripiprazole	IM	90 mins	75-146 hours

# Zuclopenthixol acetate (Acuphase) is NOT rapid tranquilisation

Must only be prescribed by consultant in discussion with pharmacy