

TRUST-WIDE CLINICAL POLICY DOCUMENT

Rapid Tranquillisation

Policy Number:	SD11
Scope of this Document:	All Clinical Staff
Recommending Committee:	Drugs and Therapeutics Committee
Approving Committee:	Executive Committee
Date Ratified:	November 2018
Next Review Date (by):	November 2020
Version Number:	2018 – Version 3.3
Lead Executive Director:	Medical Director
Lead Author(s):	Chief Pharmacist

TRUST-WIDE CLINICAL POLICY DOCUMENT

2018 – Version 3.3

Striving for Perfect Care for
the People We Serve

TRUST-WIDE CLINICAL POLICY DOCUMENT

Rapid Tranquillisation

Further information about this document:

Document name	Rapid Tranquillisation (SD12)
Document summary	Policy and procedure to ensure a consistently safe and effective approach to the use of rapid tranquillisation for the short-term management of violence and aggression; ensuring that service users are informed at each stage of the process and if treatment is necessary ensures that individuals are treated with dignity and respect.
Author(s) Contact(s) for further information about this document	Lee Knowles Chief Pharmacist Telephone: 0151 250 6030 Email: lee.knowles@merseycare.nhs.uk
Published by Copies of this document are available from the Author(s) and via the trust's website	Mersey Care NHS Foundation Trust V7 Building Kings Business Park Prescot L34 1PJ Trust's Website www.merseycare.nhs.uk
To be read in conjunction with	SD12 Handling of Medicines Policy
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
Copyright © Mersey Care NHS Trust, 2018. All Rights Reserved	

Version Control:

		Version History:
Draft for Approval	Presented to the Executive Committee for Approval	18/10/2015
Update	Presented to Policy Review Group	
Version 3.1	Acquisition Steering Group	June 2016
Version 3.2	2018 Update	
Version 3.3	Presented to Policy Group Executive Committee	October 2018 November 2018

SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/ adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/ adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/ adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **Fairness, Respect, Equality Dignity, and Autonomy**

CONTENTS

		Page
1	Purpose and Rationale	3
2	Outcome Focused Aims and Objectives	3
3	Scope	3
4	Definitions	3
5	Duties	5
6	Process/Procedure for Rapid Tranquillisation (RT)	7
7	Consultation	15
8	Training and Support	16
9	Monitoring	17
10	Supporting Documents	17
11	Glossary of Terms	17

FIGURES

1	Flowchart illustrating the procedure for the use of RT	10
---	--	----

APPENDICES

A	Prescribing Guidelines and Formulary	18
B	Monitoring Forms	20

1 PURPOSE AND RATIONALE

- 1.1 **Purpose** – To ensure a consistently safe and effective approach to the use of rapid tranquillisation for the short-term management of violence and aggression; ensuring that service users are informed at each stage of the process and if treatment is necessary ensures that individuals are treated with dignity and respect.
- 1.2 **Rationale** – To provide clinicians with an up to date evidenced based approach for the use of Rapid Tranquillisation. Defining what constitutes Rapid Tranquillisation and how it differentiates from when required (prn) use of medication; enabling medication to be skillfully administered (in the context of good clinical care). Whilst safely and effectively caring for people who present with violent and aggression.

2 OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 *For this Rapid Tranquillisation policy the aims and objectives are as follows.*
- (a) To provide a clear understanding of the Trust's principle responsibilities and minimum standards in respect of the administration of Rapid Tranquillisation.
 - (b) To reflect the trust's No Force First approach and that Rapid Tranquillisation should only be used in certain clearly defined circumstances when other less restrictive options have not worked.
 - (c) To ensure safe and effective care pre and post administration of medicines for rapid tranquillisation.
 - (d) All service users receiving rapid tranquillisation will be appropriately monitored.
 - (e) To maintain the dignity and respect of all service users and to ensure they receive timely care and treatment.

3 SCOPE

- 3.1 This policy applies to staff working for Mersey Care NHS Foundation Trust who may be involved in the prescribing, administration and medicines management processes associated with Rapid Tranquillisation.
- 3.2 This policy does not cover: outpatients, community, carers, relatives and other visitors to the Trust.

4 DEFINITIONS

- 4.1 The relevant terms and their definitions (within the context of this policy document) are outlined below:

- 4.1.1 **Advance decision** - A written statement made by a person aged 18 or over that is legally binding and conveys a person's decision to refuse specific treatments and interventions in the future.
- 4.1.2 **Advance statement** - A written statement that conveys a person's preferences, wishes, beliefs and values about their future treatment and care. An advance statement is not legally binding.
- 4.1.3 **Breakaway techniques** - A set of physical skills to help separate or break away from an aggressor in a safe manner. They do not involve the use of restraint.
- 4.1.4 **Carer** - A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled.
- 4.1.5 **De-escalation** - The use of techniques (including verbal and non-verbal communication skills) aimed at defusing anger and averting aggression. P.r.n. medication can be used as part of a de-escalation strategy but p.r.n. medication used alone is not de-escalation.
- 4.1.6 **Incident** - Any event that involves the use of a restrictive intervention – restraint, rapid tranquillisation or seclusion (but not observation) – to manage violence or aggression.
- 4.1.7 **p.r.n. (pro re nata) – or when needed medication.** In this guideline, p.r.n. refers to the use of medication as part of a strategy to de-escalate or prevent situations that may lead to violence or aggression; it does not refer to p.r.n. medication used on its own for rapid tranquillisation during an episode of violence or aggression
- 4.1.8 **Rapid tranquillisation** - Use of medication by the parenteral route (usually intramuscular or, exceptionally, intravenous) if oral medication is not possible or appropriate and urgent sedation with medication is needed.
- 4.1.9 **Restrictive interventions** - Interventions that may infringe a person's human rights and freedom of movement, including observation, seclusion, manual restraint, mechanical restraint and rapid tranquillisation.
- 4.1.10 **Seclusion** - Defined in accordance with the Mental Health Act 1983 Code of Practice: 'the supervised confinement of a patient in a room, which may be locked. Its sole aim is to contain severely disturbed behaviour that is likely to cause harm to others'.
- 4.1.11 **Violence and aggression** - A range of behaviours or actions that can result in harm, hurt or injury to another person, regardless of whether the violence or aggression is physically or verbally expressed, physical harm is sustained or the intention is clear.

5 DUTIES

- 5.1 The relevant duties for trust staff and committees are described below:-
- 5.1.1 **Board of Directors** – is responsible for ensuring that effective systems are in place for the use of Rapid Tranquillisation and that these are monitored. The trust supports the No Force First approach to care and Rapid Tranquillisation should only be considered when other non-restrictive interventions have been considered.
- 5.1.2 **Medical Director** – is accountable to the Board of Directors for the implementation of the Policy and ensuring that appropriate use of Rapid Tranquillisation is monitored and reported to the Board of Directors accordingly.
- 5.1.3 **Executive Director of Nursing & Operations** - The Executive Director of Nursing & Operations is responsible for ensuring mechanisms are put in place to ensure nursing and allied health professionals within the services are aware of and comply with the requirements of the rapid tranquillisation policy.
- 5.1.4 **Drugs and Therapeutics Committee** - the Drugs and Therapeutics Committee (DTC) works within the governance structures of the trust ensuring that medicines are managed in an effective manner across the trust. The committee ensures that pharmacological treatments are provided for people with mental health problems in a safe manner under principles of 'right person, right medication, right dose, right time'. Whilst supporting clinical governance within the Trust via effective policies and guidance to ensure best practice. It also supports and advises on implementation of national guidelines; e.g. NICE and safety alerts. Via the Medicines Safety Group there will be review and analyses any medication related errors or incidents, with reports are tabled every two months.
- 5.1.5 **Medicines Safety Group** – The Medicines Safety Group will review incidents of Rapid Tranquillisation received via DATIX/ULYSSES reports.
- 5.1.6 **Associate Medical Directors** - are responsible for ensuring the safe and effective use of Rapid Tranquillisation within the Clinical Divisions. They will:
- (a) ensure that specialist advice, support and interventions will be provided according to an individual need.
 - (b) oversee a multi disciplinary approach to safe and effective care and management of violence and aggression.
 - (c) to ensure that service divisional staff along with service users evaluate individual service users' rights and record this in the care plan.
- 5.1.7 **Modern Matrons and Team Managers** – will ensure:
- (a) all staff are aware of this protocol and procedures.
 - (b) all staff have received appropriate training.
 - (c) staff adhere to the trust's No Force First approach
 - (d) if Rapid Tranquillisation is indicated the prescription is followed

- (e) if a service user has received rapid tranquillisation appropriate physical health monitoring takes place and is fully recorded.
- (f) if a service user has received rapid tranquillisation an appropriate debrief takes place.
- (g) written records are maintained in a clear and accurate manner
- (h) to complete an incident report on the DATIX system
- (f) all appropriate equipment is maintained

5.1.8 **Multidisciplinary teams** - It is an essential duty of the multidisciplinary team that advanced agreements/decisions relating to the use of rapid tranquillisation and any complicating factors are identified. And any appropriate actions are agreed prior to using Rapid Tranquillisation. It is essential that appropriate resuscitation equipment and emergency drugs must be available prior to, during and after the use of Rapid Tranquillisation.

5.1.9 **The nurse in charge of the ward** - The nurse in charge of the ward is responsible for managing any incident regarding Rapid Tranquillisation including delegation to another nurse, or managing the incident her/himself. They must ensure that the incident is discussed during the next multidisciplinary meeting for the individual and care plans are amended appropriately. Any agency or bank staff must be made aware of trust protocol and procedure.

5.1.10 **Nursing staff** - The nurse who manages & coordinates the incident is responsible for all aspects of care described on page 11 of the policy entitled "Flow chart illustrating the corporate procedure for the use of rapid tranquillisation."

5.1.11 **Medical Practitioner** - The doctor who prescribes the medication must:-

1. Ensure appropriate level of resuscitation provision is in place.
2. Ensure case notes have been checked for advanced directives and complicating factors
3. Ensure service user has not been using alcohol or opiates.
4. Ensure that consent to treatment has been checked.

And then follow the aspects of the policy as described on page 10 in the "Flowchart illustrating the corporate procedure for the use of rapid tranquillisation." A doctor should be available at all times to assume lead responsibility when alerted by nursing staff for the clinical management of a service user, when rapid tranquillisation physical intervention and/or seclusion are implemented. If the doctor has concerns regarding the safest course of action, advice should be sought from the consultant or the consultant on call if out-of-hours. The consultant should complete a section 62 form if the service

user is detained under the Mental Health Act 1983 and subject to the provisions of section 58, and when medication used is not covered by forms T2 or T3.

- 5.1.11 **Duty Doctors** – should work in accordance with the policy as set out in the flowchart on page 10.
- 5.1.12 **Pharmacy Staff** – should ensure that all prescriptions are checked for potential adverse interactions, advice on side effects and to audit prescriptions to give assurance that the formulary of medications for Rapid Tranquillisation is being adhered to.

6 PROCESS / PROCEDURE

- 6.1.1 Rapid Tranquillisation should only be considered when less restrictive interventions have been tried. As stated in policy SD 18 – a gender sensitive approach must be considered by staff when managing people who may present with challenging behaviour. Staff must consider history of abuse, spiritual, religious and cultural needs, beliefs and behaviours when considering interventions. Staff will receive appropriate equality and diversity training to help them facilitate this approach.
- 6.1.2 The trust approach to No Force First must be considered in any situation where prescribing of restrictive medications are being considered. No restrictive techniques such as de-escalations along with non-pharmacological treatments and interventions.

Using p.r.n. medication

- 6.2 Clinicians may consider prescribing p.r.n. medication as part of a strategy to de-escalate or prevent situations that may lead to violence and aggression. There may also be situations where service users will have an advanced statement, in which the use of p.r.n. medication may be described for defined situations.

Important points regarding p.r.n. prescribing:-

- 6.2.1 Clinicians must not prescribe p.r.n. medication routinely or automatically on admission. Any prescription for p.r.n. medication should be tailored to individual need and include discussion with the service user if possible.
- 6.2.2 Clinicians must ensure there is clarity about the rationale and circumstances in which p.r.n. medication may be used and that these are included in the care plan and clearly indicated in the service users clinical notes.
- 6.2.3 The maximum daily dose must be specified and it must not inadvertently exceed the maximum daily dose stated in the British National Formulary (BNF). Extra care and consideration should be applied when p.r.n. is combined with the person's standard dose of medication or their dose for rapid tranquillisation if applicable. The BNF maximum daily dose (including p.r.n. dose, the standard dose and dose for rapid tranquillisation) should only be exceeded if this is

planned to achieve an agreed therapeutic goal, documented, and carried out under the direction of a Consultant Psychiatrist.

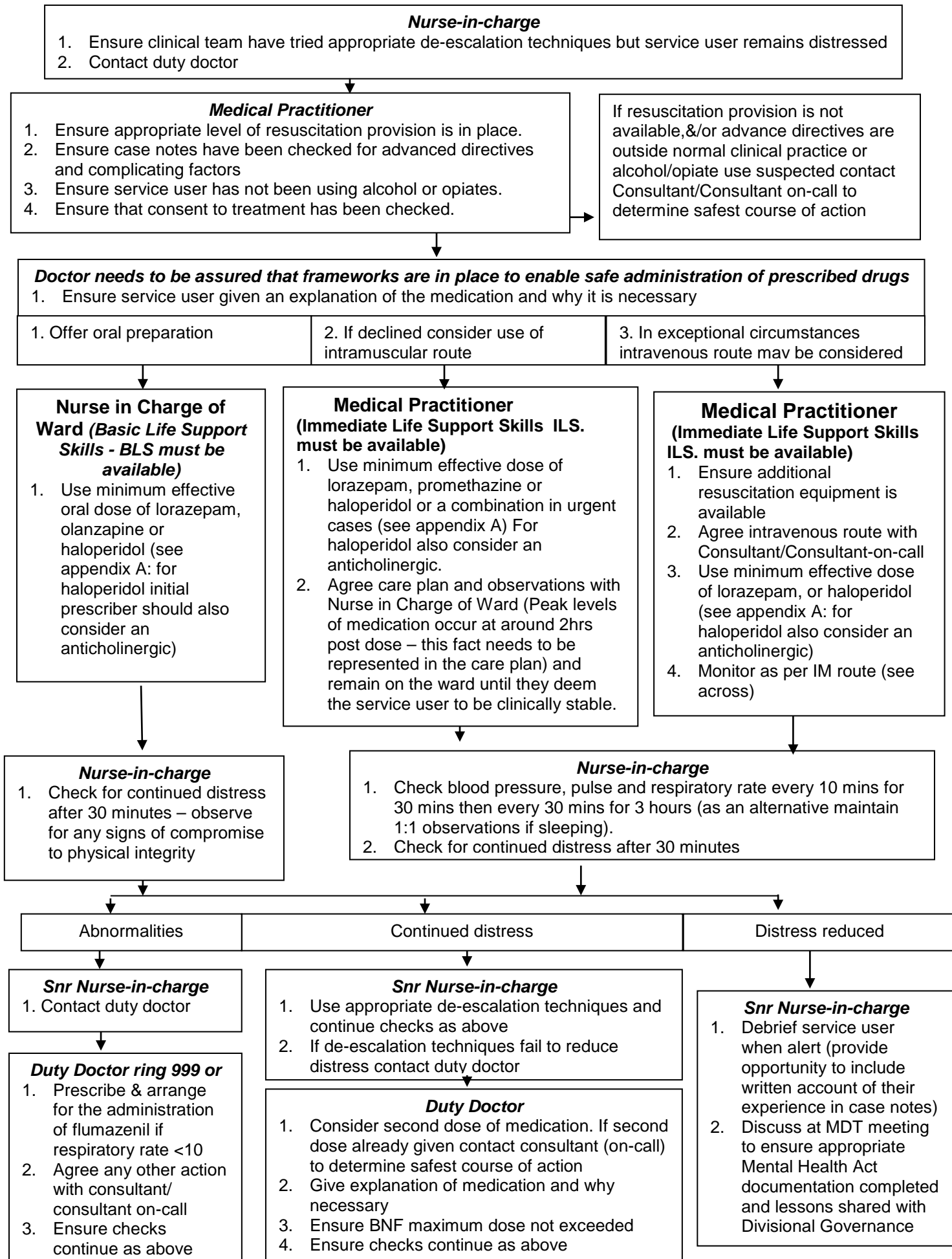
- 6.2.4 The prescribing clinician must ensure that the interval between p.r.n. doses is clearly specified. The multidisciplinary team should review p.r.n. medication each week and, if p.r.n. medication is to be continued, the rationale for its continuation should be included in the review. If p.r.n. medication has not been used since the last review, consider stopping it.

Rapid Tranquillisation

- 6.3 Rapid Tranquillisation is a restrictive intervention and it should only be considered as an option if
- (i) de-escalation and other preventive strategies, including p.r.n. medication, have failed.
 - (ii) and there is potential for harm to the service user or other people if no action is taken.
 - (iii) There should also be continued attempts to de-escalation throughout a restrictive intervention.
- 6.3.1 NICE defines Rapid Tranquillisation as :-
- “use of medication by the parenteral route (usually intramuscular or, exceptionally, intravenous) if oral medication is not possible or appropriate and urgent sedation with medication is needed”.
- 6.3.2 Medicines for Rapid Tranquillisation should be carefully monitored and only be administered for short intervals of time, in order to achieve rapid short term control of extreme aggression and potentially violent behavior. Where there is a risk to the individual or others around them. Rapid Tranquillisation must never be prescribed to treat an underlying condition.
- 6.3.3 The trust acknowledges that the medications described in this policy will be needed for the treatment of agitation for service users that are not exhibiting signs of violence and aggression. This type of treatment is not described in this policy, however, all staff should be aware of the clinical implications and monitoring requirements when prescribing, dispensing or administering any medication.
- 6.3.4 Before prescribing medication for Rapid Tranquillisation the clinician should ensure that the prescription is proportionate to the risk and potential seriousness of harm and is the least restrictive option to meet the need.
- 6.3.5 The service user's preferences should be taken into consideration, if known and it is possible to do so. Any advanced statement for care should be referred to. The prescriber must assess the service user's physical health, age and any other pharmacological treatments, before prescribing Rapid Tranquillisation.

6.4 Medication for Rapid Tranquillisation

- 6.4.1 Practitioners who use rapid tranquillisation will be trained in the assessment and management of service users who may present as being behaviourally disturbed and therefore pose a potential risk to themselves or others.
- 6.4.2 Staff with validated resuscitation skills who can access appropriate resuscitation equipment and support will be available to meet the requirements of this policy.
- 6.4.3 The appropriate drugs must be available and easily accessible in environments where rapid tranquillisation is used.
- 6.4.4 Whenever rapid tranquillisation is being considered, an oral medication (of either Lorazepam, Promethazine or Haloperidol) should be offered as an alternative prior to any parenteral administration of medication. The prescription should be made on the stat section of the medicines chart (to differentiate between standard or care planned use of appropriate p.r.n. medication)
- 6.4.5 Where parenteral treatment proves necessary, the intramuscular (IM) route should be used. The intramuscular preparations to be used in rapid tranquillisation are Lorazepam, Promethazine or Haloperidol. Wherever possible, a single agent should be used at the minimum effective BNF dose rather than a combination. However when rapid tranquillisation is urgently needed a combination of intramuscular haloperidol combined with intramuscular promethazine may be used (these medications should not be mixed in the same syringe).
- 6.4.6 In exceptional circumstances and as a last resort, the intravenous route may be used. The intravenous preparations to be used in rapid tranquillisation are Lorazepam or Haloperidol.
- 6.4.7 The impact of such approved drugs on an individual's physiology can be significant. It is imperative therefore that after the use of IM or IV rapid tranquillisation vital signs are monitored.
- 6.4.8 Following the use of rapid tranquillisation service users should be offered the opportunity to discuss their experiences and write this up within their notes and should be provided with a clear explanation of the decision to use rapid tranquillisation. The review and de-briefing session should take place within 72 hours of the administration.
- 6.4.9 **The use of rapid tranquillisation will be monitored routinely. All cases where Rapid Tranquillisation is administered must be reported on a trust incident form**
- 6.4.10 **Medication Formulary and Treat Plan** (see next page for flowchart)



6.5 Decision to utilise rapid tranquillisation

- 6.5.1 The service user remains distressed despite the clinical team using all the appropriate approaches including de-escalation.
- 6.5.2 The nurse in-charge should then contact the duty doctor for the clinical area.
- 6.5.3 The duty doctor should ensure that appropriate resuscitation provision is available (as set out in the Mersey Care NHS Foundation Trust Policy for: Resuscitation SD07).
- 6.5.4 The duty doctor should also ensure that the service user's case notes are checked for advance directives relating to the use of rapid tranquillisation and any complicating factors (see prescribing guidelines in appendix A). The current medication should be reviewed. The service user should also be assessed for opiate and alcohol use.
- 6.5.5 Extra care should be taken when rapid tranquillisation is being considered in the following circumstances.
- Where there is a known presence of congenital cardiac conductive abnormalities.
 - Where there is a known presence of certain disorders that may affect metabolism (e.g. hypothermia, hyperthermia, extreme physical exertion)
 - Where there is co-prescription of medications that can directly or indirectly lengthen QT intervals on ECG's.
- 6.5.6 Where any complicating factors are identified or resuscitation equipment is not available for any reason, an immediate risk assessment should be undertaken by the clinical team and medical staff. Where there are concerns about the safest course of action, advice should be sought from the consultant (or consultant on-call out of hours).
- 6.5.7 The multi-disciplinary team should try to ensure that advanced directives and any complicating factors (as above) are identified and actions agreed prior to the need arising as the situation is often urgent.
- 6.5.8 When the duty doctor has established that it is safe and appropriate to utilise rapid tranquillisation, an oral preparation should be offered to the service user. If the oral preparation is declined an intramuscular preparation should be considered. The service user should be given an explanation of the medication, its effects and why it is necessary. In exceptional circumstances the intravenous route may be considered for rapid tranquillisation.
- 6.5.9 In certain circumstances where the duty doctor is not readily available and the service user is experiencing sustained distress, the practitioners involved in the immediate response to such crises have an obligation to determine the safest and most ethical approach to the situation based on the service user's care plan and the risk posed. This policy is not designed to limit the scope of professional practice but provide a framework where appropriate clinical decisions can be made.
- 6.5.10 As a further example the requirement to actively physically monitor a service user at the frequency suggested may on occasions be counter-therapeutic, add to the individual's distress and pose significant risks by following the procedure literally. The procedure has therefore been open to variance due to clinical judgement. The critical point is that the practitioner concerned will need to record and be clear why

the policy has been varied from on each and every occasion and what steps they have taken to ensure the service user has not deteriorated physically.

- 6.5.11 Zuclopenthixol Acetate (Clopixol Acuphase) should not be used for rapid tranquillisation. It should only be considered if a patient responds to other short acting parenteral antipsychotics and it is anticipated that they will require further frequent doses of IM typical antipsychotics. It is best reserved for people who have had a previous good response to Acuphase. It should not be given to antipsychotic naïve patients or to actively struggling patients. It should only be given when enough time has elapsed to assess the response to previously injected drugs: allow 15-30 minutes after IV injections and 30-60 minutes after IM.
- 6.5.12 If Acuphase is considered appropriate the BNF should be consulted for dosing instructions. A full incident review should be conducted as a consequence of the administration of Acuphase.

6.6 Drug administration and monitoring

- 6.6.1 The doctor and ILS trained staff must remain on the ward after administering rapid tranquillisation until it is clinically and medically safe to leave the service user in the sole care of nursing staff. The Medical Officer should agree a care plan with the nurse in charge of the ward detailing any actions that must be taken in the case of any change to the service user's clinical stability. The medical officer should make an entry into the clinical notes to this affect.
- 6.6.2 If any abnormalities are identified by the nurse in-charge following the doctor leaving the ward/clinical area they should refer to the care plan and inform the duty doctor immediately.
- 6.6.3 When assessing clinical stability Medical Officers should review service users on an individual basis, taking into consideration physical signs (e.g. pulse, blood pressure, respiration rate etc. – within the acceptable normal limits for that individual) and mental well-being.
- 6.6.4 The DATIX system will be monitored to investigate compliance with observation and formulary requirements.

6.7 Drug administration and monitoring (oral preparation to be considered/offered before use of RT)

- 6.7.1 Lorazepam, olanzapine or haloperidol should be used as an oral preparation. The duty doctor should prescribe the minimum effective dose as per BNF recommendations (see prescribing guidelines in appendix A).
- 6.7.2 If haloperidol is used the duty doctor should also consider an anticholinergic drug to reduce the risk of dystonia and other extrapyramidal side effects.
- 6.7.3 If the service user remains distressed after 30 minutes despite the medication, and de-escalation techniques continue to be unsuccessful, the nurse in-charge should inform the duty doctor who may prescribe a second dose. The service user should be given an explanation why a second dose is necessary.
- 6.7.4 Where a second dose is given the duty doctor should ensure that the BNF maximum dose is not exceeded (see prescribing guidelines in appendix A).

6.7.5 If there is no response to a second dose the duty doctor should seek advice from the consultant (consultant on-call out of hours).

NB Oral and Intramuscular (IM) medications should be prescribed separately and the abbreviation O/IM should not be used.

6.8 Drug administration and monitoring (intramuscular preparation)

6.8.1 NICE NG10 states if oral medication is not possible or appropriate, the preferred treatment options for adults are to use intramuscular **lorazepam on its own** or intramuscular haloperidol combined with intramuscular promethazine. The duty doctor should prescribe the minimum effective dose as per BNF recommendations (see prescribing guidelines in appendix A).

6.8.2 If haloperidol is used the duty doctor should also consider an anticholinergic drug to reduce the risk of dystonia and other extrapyramidal side effects.

6.8.3 Use either intramuscular **lorazepam on its own** or intramuscular haloperidol combined with intramuscular promethazine for rapid tranquillisation in adults. NICE NG10 states when deciding which medication to use, take into account:

- the service user's preferences or advance statements and decisions
- pre-existing physical health problems or pregnancy
- possible intoxication
- previous response to these medications, including adverse effects
- potential for interactions with other medications
- the total daily dose of medications prescribed and administered.

6.8.4 If there is insufficient information to guide the choice of medication for rapid tranquillisation, or the service user has not taken antipsychotic medication before, use intramuscular lorazepam.

6.8.5 If there is evidence of cardiovascular disease, including a prolonged QT interval, or no electrocardiogram has been carried out, avoid intramuscular haloperidol combined with intramuscular promethazine and use intramuscular lorazepam instead.

6.8.6 The NICE Guidelines recommends if there is a partial response to intramuscular lorazepam, consider a further dose. However if there is no response to intramuscular lorazepam, consider intramuscular haloperidol combined with intramuscular promethazine.

6.8.7 And if there is a partial response to intramuscular haloperidol combined with intramuscular promethazine, consider a further dose.

6.8.8 NICE state that if there is no response to intramuscular haloperidol combined with intramuscular promethazine, consider intramuscular lorazepam if this hasn't been

used already during this episode. If intramuscular lorazepam has already been used, arrange an urgent team meeting to carry out a review and seek a second opinion if needed.

- 6.8.9 As NICE state (ESUOM28) combination of promethazine with an antipsychotic may involve additional risks for example avoid IM haloperidol in combination with promethazine in cardiovascular disease, including QT interval prolongation, or when no ECG is available. There may also be risk in services user with a history of epilepsy, respiratory conditions and hepatic & renal impairment.
- 6.8.10 Due to these potential limitations the trust formulary and guidelines document on VIOLENCE, AGGRESSION OR SEVERE BEHAVIOURAL DISTURBANCE also gives guidance on RT. Including third line and other options. For a third line treatment the trust recognizes that there may be benefit of using Lorazepam and Haloperidol in combination in some situations. This approach may be agreed with a consultant if it is thought that there may be clinical benefit and appropriate monitoring must be put in place. This combination may form part of an advanced statement for an individual who has benefited from this approach in the past. This combination is also supported by the current BAP Consensus Guidelines (June 2018) which states "The combination of IM Lorazepam plus IM Haloperidol has been evaluated in meta-analyses and found to be effective, although a baseline ECG is advised before haloperidol use (in any formulation) due to risk of QTc prolongation".
- 6.8.11 When prescribing medication for use in rapid tranquillisation, write the initial prescription as a single dose, and do not repeat it until the effect of the initial dose has been reviewed.
- 6.8.12 The medical officer should agree an observation and care plan with the nurse in-charge that should ensure that blood pressure, pulse and respiratory rate, are monitored every 10 minutes for the first 30 minutes followed by every 30 minutes for 3 hours as a minimum and until there are no further concerns regarding physical health status. Where the service user appears to be sleeping 1:1 observations should be maintained. The service user's temperature, level of hydration and level of consciousness should be recorded every hour post-administration until there are no further concerns regarding their physical health. Records of observations must be recorded in the clinical notes (ePEX/Rio/PASIS).
- 6.8.13 The duty doctor should prescribe and arrange for the administration of flumazenil if the respiratory rate falls below 10 (see Mersey Care NHS Trust Foundation Policy and Procedure for Cardio-Pulmonary Resuscitation) and/or call 999.
- 6.8.14 If the service user remains distressed after 30 minutes despite the medication, and de-escalation techniques continue to be unsuccessful, the nurse in-charge should inform the duty doctor who may prescribe a second dose. The service user should be given an explanation why a second dose is necessary. Where a second dose is given the duty doctor should ensure that the BNF maximum dose is not exceeded (see prescribing guidelines in appendix A). If for any reason it is necessary to provide a dose exceeding the BNF limits the consultant should make this decision and must take sole responsibility (consultant on-call out of hours).

6.8.15 If there is no response to a second dose the duty doctor should seek advice from the consultant (consultant on-call out of hours) and/or call 999.

6.9 Drug administration and monitoring (intravenous preparation)

6.9.1 The duty doctor must agree the use of intravenous (IV) medication with the consultant (consultant on-call out-of-hours). Lorazepam or haloperidol should be used as an intravenous preparation (do not mix in the same syringe). The duty doctor should prescribe the minimum effective dose as per BNF recommendations (see prescribing guidelines in appendix A).

6.9.2 If haloperidol is used the duty doctor should also consider an anticholinergic drug to reduce the risk of dystonia and other extrapyramidal side effects.

6.9.3 Monitoring, abnormalities and continued distress should be managed as with intramuscular medication.

6.10 Debriefing and reporting following the use of rapid tranquillisation

- 6.10.1 Following the use of rapid tranquillisation the nurse in-charge should ensure that the service user is offered debriefing as soon as practicable. This should constitute an explanation of the decision to use rapid tranquillisation, the medication and its effects and a discussion of their experiences. The service user should also be offered the opportunity to write their experience within their case notes and be supported to do this. The service user will be asked whether they would like the involvement of an independent body. If this is the case, the nurse in-charge should ensure that advocacy services are contacted.
- 6.10.2 The nurse in-charge should ensure that the use of rapid tranquillisation is discussed at the MDT meeting. This meeting should be used to ensure that the appropriate documentation (see 3.7.3) has been completed and any issues relating to the use of rapid tranquillisation are discussed and lessons incorporated into practice. Lessons should also be shared with Division's Service Governance Forum for wider dissemination with the Trust wide Medicines Safety Group and Drugs and Therapeutics Committee.
- 6.10.3 The service user's consultant should complete a section 62 form if the service user is detained under the Mental Health Act and is subject to the provisions of Section 58. In any other scenario where medication is given without consent, it can only be given under common law and such a decision must be clearly recorded in the medical notes.

7 CONSULTATION

- 7.1 This policy and procedure was initially developed by the Rapid Tranquillisation Group (Sept 2004). The 2005/6 review took into account the publication of NICE guidelines on the short-term management of violence and aggression. The revised content was reconsidered by the Drugs and Therapeutics Committee, the Medical Advisory Group, the Executive Nurse Group, and the respective directorate Service Governance Forums in 2007.
- 7.2 The later revisions were reconsidered by a working group of the trust Drugs and Therapeutics Committee. As with previous versions a small multi-disciplinary working group will ensure audit and evaluation the policy throughout the year.
- 7.3 This version of the policy has been updated to take in to consideration the publication of the Joint BAP/NAPICU – British Association for Psychopharmacology/National Association of Psychiatric Intensive Care and Low Secure Units (June 2018)

8 TRAINING AND SUPPORT

- 8.1 The provision of routine training and updates for staff in the use of rapid tranquillisation is addressed Trust e-learning packages.
- 8.2 The Policy and Procedure for the Recognition, Prevention and Therapeutic Management of Aggression and Violence deals with the specific skills required to deal with episodes of agitation and disturbed behaviour. The packages of training available address communication skills, therapeutic engagement, de-escalation. The principles governing rapid tranquillisation as an intervention are covered in the e-Learning module on Rapid Tranquillisation.
- 8.3 Staff providing direct care to service users will be identified to receive training to a minimum standard of basic life support (**BLS**). (Refer to Policy for the resuscitation of any service user, staff, or visitors SD07). This approach will provide practitioners with the essential skills to monitor vital signs and respond to collapse or similar event.
- 8.4 Areas in the Trust that use parenteral rapid tranquillisation will need to identify additional measures to ensure this practice is administered ethically and safely.
- 8.5 As such the High Secure, Forensic, & Adult Acute areas will need to identify a process whereby appropriately skilled staff who are trained to Immediate Life Support level (**ILS**) are available and readily accessible to support practitioners intending to utilise rapid tranquillisation in line with this policy. This applies to nursing staff at band 5 and above. (Refer to Resuscitation Policy SD07)
- 8.6 For nursing staff at **band 5 or above** an e-learning package is available to support learning. Nursing staff who are involved in the administration of rapid tranquillisation (**i.e. at band 5 and above**) will complete the e-learning package every 2 years. The e-learning package will be regularly reviewed by the trust's Medicines Safety Group to ensure its contents remains evidenced-based and in line with current practice. **All uses of oral or parenteral rapid tranquillisation will be additionally reported upon using the Trust's Adverse Incident policy. Adverse for all episodes of RT both (oral and IM) these must be reported within 24 hours of the event.**
- 8.7 The Medical Director will ensure the ongoing professional development of medical staff - including junior colleagues - prepares individuals to meet the requirements of this policy.
- 8.8 Managers will be expected to ensure that their respective staff access the opportunities provided by these developmental activities. Records of the completion of the e-learning packages will be kept on the trust's ESR system. Reports on staff completing training will be monitored at the trust's Education and Training Committee.
- 8.9 All staff Rapid Tranquillisation should be trained in the use of a pulse oximeter; Pulse Oximeter training is included in the trust ILS and MEWs training.

9 MONITORING

- 9.1 The Medicines Safety Group will oversee audit and monitor the compliance with this policy on an annual basis and report to the trust Drugs and Therapeutics Committee.
- 9.2 The use of Rapid Tranquillisation within the trust will be audited on an annual basis. Pharmacy will lead on this audit and outcomes will be reported to the trust's Drugs and Therapeutics Committee.
- 9.3 The Medicines Safety Group will audit and review the training programme on an annual basis and report to Drugs and Therapeutics Committee.
- 9.4 The use of Rapid Tranquillisation will be monitored on a case by case basis via the trusts incident reporting procedure. As stated within the policy all cases where Rapid Tranquillisation is administered must be reported on a trust incident form. These forms will be forwarded from the trust Adverse Incident Manager to the appropriate members of staff for review.

10 SUPPORTING DOCUMENTS

List of Supporting Documents

Ref No	Name	Purpose
SD07	Resuscitation Policy	Guidance on trust approach to resuscitation
SD12	Handling of Medicines Policy	Corporate document for the managing medicines in the trust
SD18	Support of service users who present with challenging behaviour	Guidance and policy for supporting people presenting with challenging behaviour
SD19	Advanced Statements and Decisions	Guidance on developing advanced statements and advanced decisions

11 GLOSSARY OF TERMS

Glossary of Terms

QT intervals – is a specific period of time measured during an ECG, it represents the total period of electrical activity of the ventricles. The QT interval is dependent of the heart rate.

Prescribing Guidelines

Medications used for Rapid Tranquillisation within the trust - Minimum and Maximum drug doses and complicating factors

	Minimum effective dose ¹	Maximum dose per 24 hours ²	Time to maximum effect ³	Complicating factors
Benzodiazepines				
Lorazepam oral	1–2 mg (elderly or debilitated half adult dose)	4 mg (elderly or debilitated half adult dose)	Peak serum levels reached in 2 hours. The elimination half-life is about 12 hours	
Lorazepam intramuscular	1-2mg (elderly or debilitated half adult dose)	4mg (elderly or debilitated half adult dose)	Absorption from the injection site is considerably slower if the intramuscular route is used and as rapid an effect may be obtained by oral administration of Lorazepam tablets. Peak plasma concentrations occur approx. 60-90 minutes following IM administration. There is minimal risk of accumulation after repeated doses, giving a wide margin of safety. The elimination half-life is about 12-16 hours when given intramuscularly or intravenously.	Lorazepam Injection must be diluted with water for injection. Risk of sedation/respiratory arrest increased with alcohol /opiates/other sedative drugs. Risk of hypotension with clozapine
Antipsychotics				
Haloperidol oral	5-10mg (elderly or debilitated initially half adult dose)	20 mg	half-life ranging from 13 to nearly 40 hours	Risk of dystonic reactions increased in neuroleptic naïve and young patients
Haloperidol IM	2-5mg (elderly or debilitated initially half adult dose)	12 mg* (*equivalent to 20mg oral; bioavailability from the oral route is about 60% of that from IM inj)	Bioavailability from the oral route is about 60% of that from the IM route, and readjustment of dose may be required. Peak plasma concentrations were similar to after oral but are reached within 20 minutes.	Risk of dystonic reactions increased in neuroleptic naïve and young patients

Olanzapine oral	5-10mg Orodispersible tablets preferable	20mg	Peak plasma concentrations within 5 to 8 hours. After oral administration, the mean half-life in healthy subjects varied on the basis of age and gender. In healthy elderly (65 and over) versus non-elderly subjects, the mean elimination half-life was prolonged (51.8 versus 33.8 hr).	The MHRA has warned against using Olanzapine in the treatment of behavioural symptoms of dementia due to the increased risk of stroke and death.
Off Label Medication				
Promethazine IM	25-50mg	100mg	Slower onset of action 1-2 hours Half-life is 7-15 hours Can be used in combination with haloperidol. Promethazine is an option when lorazepam cannot be used: – e.g. service user is tolerant to benzodiazepines – Or cannot tolerate them e.g. severe respiratory disease	Off label usage Product is licensed for sedation and treatment of insomnia

Prescribing Guidelines of medication used for the management of side effects and emergency treatment.

	Minimum effective dose ¹	Maximum dose per 24 hours ²	Time to maximum effect ³	Complicating factors
Antimuscarinics				
Procyclidine oral	2.5 - 5 mg Elderly preferably lower end of range	Usual max. 30 mg daily (60 mg daily in exceptional circumstances);	Elimination half-life after is approximately 12 hours.	
Procyclidine IM	Doses of 5 to 10mg, repeated after 20 minutes if necessary. Elderly patients, a reduced dosage may be required	daily maximum of 20mg Elderly patients, a reduced dosage may be required	Elimination half-life after is approximately 12 hours.	
Flumazenil IV	200 microgram over 15 seconds then 100 micrograms at 60 second intervals (usual dose 300-600micrograms)	1mg (1000 micrograms)	Short acting repeat doses may be necessary. Shorter half-life than most benzodiazepines	May precipitate benzodiazepine withdrawal in dependent patients.

Maximum drug doses indicate the dose if only one route is used and should not be combined. For example, if a patient receives 10mg oral haloperidol (50% BNF max for that route) then the maximum IM haloperidol should be 12mg (100% BNF max for that route).

1. Minimum effective dose will depend on patient's previous exposure to the specific drug being used, age, weight and drug handling abilities
2. *British National Formulary*
3. Oxleas; <http://emc.vhn.net/>; and others

Monitoring Forms

Rapid Tranquillisation

Observations following administration of Rapid Tranquillisation
(Lorazepam, Haloperidol or Promethazine) Intramuscular and Oral.

Intramuscular Medication (I/M) Monitoring

Name:	Date:
X Number:	Time:

	Time/ Date	Blood pressure (B/P)	Pulse	Respiratory rate	Temperature (take on an hourly basis)	Signature
Baseline observations prior to incident						
Observations following administration						
10 mins						
20mins						
30mins						
1 hour						
1 ½ hour						
2 hour						
2 ½ hour						
3 hour						
3 ½ hour						

- NB – If service user falls asleep **level 3** 1:1 observations to be maintained for the above 3 ½ hour period.
- Doctor **must** remain on ward until it is clinically and medically safe to leave the service user in the sole charge of nursing staff.
- Doctor should be available at all times to assume lead responsibility when alerted by nursing staff for clinical management of service user.
- Doctor to agree care plan with Nurse in Charge, detailing actions to be taken in the case of any change to service users stability and make entry into clinical notes to this effect
- Contact doctor immediately if respiratory rate falls below **10**
- If service user remains distressed after 30 mins the duty doctor is to review for a second dose.

Oral Medication Monitoring

Name:	Date:
X Number:	Time:

	Time/ Date	Blood pressure (B/P)	Pulse	Respiratory rate	Signature
Baseline observations prior to incident					
Observations after oral administration					
30 mins					
1 hour					

- NB – If oral medication is ineffective within 30mins inform duty doctor to review for a second dose.
- If no response to a second dose of oral medication the duty doctor should seek advice the consultant

Post Restraint

Name..... Date.....

X Number.....

Any person subject to restraint should be physically monitored continuously during restraint and at least every 2 hours post restraint for a period of 24 hours. This check should include:

- Care in the recovery position where appropriate
- Pulse
- Blood Pressure
- Respiration
- Temperature
- Fluid and food intake and output

	Time/ Date	Blood pressure (B/P)	Pulse	Respiratory rate	Temperature	Signature
Baseline observations prior to incident						
2 hours						
4 hours						
6 hours						
8 hours						
10 hours						
12 hours						
14 hours						
16 hours						
18 hours						
20 hours						
22 hours						
24 hours						

NB - If consent and co-operation for these observations is not forthcoming from the service user to this process, then it should be clearly documented in the case notes why these checks could not be performed and what alternative actions have been taken.

Equality and Human Rights Analysis

Title: Rapid Tranquillisation Policy

Area covered: Trust Wide Document

What are the intended outcomes of this work?

To provide a policy for the utilisation of Rapid Tranquillisation.

Who will be affected?

Staff prescribing and administering Rapid Tranquillisation
Service users receiving Rapid Tranquillisation

Evidence

What evidence have you considered?

A further version of existing policy that has previously been assessed and in use within the trust

Disability (including learning disability)

Need for assessing the need for appropriate information resources following utilisation of Rapid Tranquillisation

Sex No issues identified

Race No issues identified

Age Need for assessing the need for appropriate information resources following utilisation of Rapid Tranquillisation

Gender reassignment (including transgender)

No issues identified

Sexual orientation

No issues identified

Religion or belief

No issues identified

Pregnancy and maternity

Need for assessing the need for appropriate use of medication and intervention

Carers

Need for assessing the need for appropriate information resources following use of Rapid tranquillisation

Other identified groups

No issues identified

Cross Cutting

No issues identified

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	These guidelines are supportive of a human rights based approach to health care.
Right of freedom from inhuman and degrading treatment (Article 3)	This policy sets out to promote dignity and respect
Right to liberty (Article 5)	No issues identified
Right to a fair trial (Article 6)	No issues identified
Right to private and family life (Article 8)	No issues identified
Right of freedom of religion or belief (Article 9)	No issues identified
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	No issues identified
Right freedom from discrimination (Article 14)	No issues identified

Engagement and Involvement *detail any engagement and involvement that was completed inputting this together.*

With thanks to the trust Drugs and Therapeutics Committee

Summary of Analysis *This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010*

Eliminate discrimination, harassment and victimisation

These guidelines are supportive of a human rights based approach.
There should be minimal impact in relation to discrimination.

Advance equality of opportunity
N/A

Promote good relations between groups
N/A

What is the overall impact?
The policy provides a safe and effective framework for the utilisation of Rapid Tranquillisation in-line with current clinical evidence base.