

## MODULE 3B

### Case note/Drug chart audit tool: The use of rapid tranquillisation in older people's services

<b>Definition</b>				
All medication given in the short-term management of disturbed/violent behaviour should be considered as part of rapid tranquillisation (including PRN medication taken from an agreed rapid tranquillisation protocol or as part of an advance directive).				
NICE 2005				
<b>The bulk of questionnaire items are based upon the NICE (2005) Guideline. However, the 'Use of covert medication' section was developed by the National Audit of Violence Steering Group.</b>				
			<b>YES</b>	<b>NO</b>
<b>1</b>	Are oral and intramuscular medications written up separately on the drug chart?			
<b>2</b>	Which route of administration was used? (select more than one if necessary)			
	Oral	Covert	Intramuscular	Intravenous
<b><i>Use of oral medication</i></b>			<b>YES</b>	<b>NO</b>
<b>3</b>	Was oral medication offered before parenteral medication?			
<b><i>Use of covert medication</i></b>			<b>YES</b>	<b>NO</b>
<b>4</b>	Did the prescription of covert medicine follow a formal mental capacity assessment?			
<b>5</b>	Did the prescription of covert medicine follow a carer consultation?			
<b>6</b>	Was medication reviewed to include essential medicines only?			
<b>7</b>	Was the prescription subject to regular review?			
<b><i>Use of intramuscular medication</i></b>			<b>YES</b>	<b>NO</b>
<b>8</b>	Was intramuscular medication offered in preference to intravenous medication?			
<b>9</b>	Were two drugs of the same class used, e.g. 2 antipsychotics?			
<b><i>Use of intravenous medication</i></b>			<b>YES</b>	<b>NO</b>
<b>10</b>	Was intramuscular medication considered first?			
<b>11</b>	Was immediate tranquillisation needed?			
<b><i>Prescribing levels</i></b>			<b>YES</b>	<b>NO</b>
<b>12a</b>	Were current BNF or SPC doses exceeded? (please refer to BNF).			
<b>12b</b>	If current BNF or SPC doses were exceeded, was a risk-benefit analysis recorded in the notes?			
<b>12c</b>	If current BNF or SPC doses were exceeded, was the rationale recorded in the care plan?			

<b>Care after rapid tranquillisation if the patient became inactive</b>		<b>YES</b>	<b>NO</b>
<b>13a</b>	Is there a record of how often it was agreed that vital signs should be monitored until the patient became active again, i.e.: <ul style="list-style-type: none"> <li>• Blood pressure;</li> <li>• Pulse;</li> <li>• Temperature;</li> <li>• Respiratory rate;</li> <li>• Hydration?</li> </ul>		
<b>13b</b>	Did monitoring take place at the agreed intervals?		
<b>14a</b>	Did any of the following circumstances apply: <ul style="list-style-type: none"> <li>• the patient appeared asleep/sedated;</li> <li>• intravenous administration had taken place;</li> <li>• the BNF or SPC limit had been exceeded;</li> <li>• the situation was "high risk";</li> <li>• the patient had been using illicit substances or alcohol;</li> <li>• the patient had a relevant medical disorder or concurrently prescribed medication;</li> <li>• the patient was restrained?</li> </ul>		
<b>14b</b>	If any of the circumstances <u>did</u> apply, is there a record that particular attention was paid to <u>airways</u> ?		
<b>14c</b>	Is there a record that particular attention was paid to <u>levels of consciousness</u> ?		
<b>14d</b>	Is there a record that particular attention was paid to <u>respiratory efforts</u> ?		
<b>After care and support</b>		<b>YES</b>	<b>NO</b>
<b>15</b>	Was the patient given the opportunity to discuss or write about the incident?		

**Please note: For guidance on the use of Rapid Tranquillisation for working age adults, please refer to the NICE guideline: 'Violence – the short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments' (2005).**

**The NICE guideline excludes the use of rapid tranquillisation in older peoples services, so please refer to local guidance or the following guidance:**

**'Psychiatric Services to Accident and Emergency Departments.' Council report CR118 (February 2004). Royal College of Psychiatrists and British Association for Accident and Emergency Medicine. (see sedation guidelines for accident and emergency departments - older people, in appendix) This guidance is to be updated in 2006.**