

MODULE 3B

Case note/Drug chart audit tool: the use of rapid tranquillisation for working age adults

Definition			
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			
The questionnaire items are based upon the rapid tranquillisation (RT) algorithm from the quick reference guide of NICE guideline 25 (see appendices).			
		YES	NO
1	Are oral and intramuscular medications written up separately on the drug chart?		
2	Which route of administration was used (select more than one if necessary)?		
	Oral	Intramuscular	Intravenous
Use of oral medication		YES	NO
3	Was oral medication offered before parenteral medication?		
4a	Did the behavioural disturbance occur in a non-psychotic context ?		
4b	If the behavioural disturbance <u>did</u> occur in a non-psychotic context , was an oral lorazepam used alone initially?		
5a	Did the behavioural disturbance occur in the context of psychosis ?		
5b	If the behavioural disturbance <u>did</u> occur in the context of psychosis , was an oral antipsychotic given in combination with oral lorazepam initially?		
6a	Was oral medication for the purpose of tranquillisation given more than once during this period of treatment?		
6b	If oral medication for the purpose of tranquillisation was given <u>more than once</u> during this period of treatment, was sufficient time allowed for clinical response between oral doses of medication? (see Summary of Product Characteristics (SPC) chart in appendices)		
Use of intramuscular medication		YES	NO
7	Was intramuscular medication offered in preference to intravenous medication?		
8a	Was oral medication for tranquillisation given first?		
8b	If oral medication for tranquillisation <u>was</u> given first, was sufficient time allowed for a clinical response between doses of oral medication (see Summary of Product Characteristics (SPC) chart in appendices)		

8c	If oral medication for tranquillisation <u>was not</u> given first, is there evidence that one of these four descriptions apply to the situation: <ul style="list-style-type: none"> • Oral therapy was refused; • Oral therapy was not indicated by a clinical response; • Oral therapy was not a proportionate response; • Oral medication was ineffective? 		
9a	Did the behavioural disturbance occur in a non-psychotic context ?		
9b	If the behavioural disturbance <u>did</u> occur in a non-psychotic context , was intramuscular lorazepam used alone initially?		
10a	Did the behavioural disturbance occur in the context of psychosis ?		
10b	If the behavioural disturbance <u>did</u> occur in the context of psychosis , was an oral antipsychotic given in combination with oral lorazepam initially?		
11a	Was intramuscular olanzapine given?		
11b	If intramuscular olanzapine was given, was intramuscular lorazepam avoided within one hour?		
12a	Was intramuscular medication given on more than one occasion during this period of treatment?		
12b	If intramuscular medication was given on more than one occasion during this period of treatment, was sufficient time allowed for clinical response between intramuscular doses of medication (see Summary of Product Characteristics (SPC) chart in appendices)		
13	Were two drugs of the same class used, e.g. 2 antipsychotics?		
<i>Use of intravenous medication</i>		YES	NO
14	Was intramuscular medication considered first?		
15a	Were benzodiazepines used?		
15b	If benzodiazepines were used, is there a record of the exceptional circumstances that applied?		
15c	Please give details		
16	Was immediate tranquillisation needed?		
<i>Use of zuclopentixol acetate (acuphase)</i>		YES	NO
17	If zuclopentixol acetate injection was used, is there evidence that at least one of the following applied to the situation: <ul style="list-style-type: none"> • it was clearly expected that the patient would be disturbed over an extended period of time; • the patient had a past history of a good and timely response to treatment; • the patient had a history of repeated parenteral administration; • an advance directive has been made indicating that this was the treatment of choice? 		

18a	The following treatments are <u>not</u> recommended. Was intramuscular or oral chlorpromazine used?		
18b	Was thioridazine used?		
18c	Were intramuscular depot antipsychotics used?		
18d	Was Olanzapine used?		
Prescribing levels		YES	NO
19a	Were current BNF or SPC doses exceeded? (see antipsychotic dosage ready reckoner in appendices).		
19b	If current BNF or SPC doses were exceeded, was a risk-benefit analysis recorded in the notes?		
19c	If current BNF or SPC doses were exceeded, was the rationale recorded in the care plan?		
Care after rapid tranquillisation if the patient became inactive		YES	NO
20a	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"> • Blood pressure; • Pulse; • Temperature; • Respiratory rate; • Hydration? 		
20b	Did monitoring take place at the agreed intervals?		
21a	Did any of the following circumstances apply: <ul style="list-style-type: none"> • the patient appeared asleep/sedated; • intravenous administration had taken place; • the BNF or SPC limit had been exceeded; • the situation was "high risk"; • the patient had been using illicit substances or alcohol; • the patient had a relevant medical disorder or concurrently prescribed medication; • the patient was restrained? 		
21b	If any of the circumstances <u>did</u> apply, is there a record that particular attention was paid to <u>airways</u> ?		
21c	Is there a record that particular attention was paid to <u>levels of consciousness</u> ?		
21d	Is there a record that particular attention was paid to <u>respiratory efforts</u> ?		
Aftercare and support		YES	NO
22	Was the patient given the opportunity to discuss or write about the incident?		