

Rapid tranquillisation (RT) algorithm

This algorithm should be read in conjunction with the recommendations in the guideline and the Summary of Product Characteristics (SPC) chart for rapid tranquillisation, available at www.nice.org.uk/CG025

See also page 15 of this quick reference guide

All staff involved in RT should be trained according to the recommendations set out on pages 21–22
Continue to use de-escalation techniques throughout

- Service users should be able to respond to communication throughout
- Prescribe oral and i/m doses separately
- Don't use o/i/m abbreviation
- Don't use two drugs of same class for RT
- Don't mix medications in same syringe

Potential risks

- Over-sedation causing loss of consciousness
- Over-sedation causing loss of alertness
- Loss of airway
- Cardiovascular and respiratory collapse
- Interaction with medication (prescribed or illicit)
- Damage to the therapeutic relationship
- Underlying coincidental physical disorders

- Prescribers and those who administer medicines should be familiar with:
 - the properties of benzodiazepines; flumazenil; antipsychotics; antimuscarinics and antihistamines
 - risks (including cardio-respiratory effects, particularly if with high arousal, possible drug misuse, dehydration or physical illness)
 - the need to titrate doses to effect
- Prescriber and medication administrator should pay attention to:
 - the total dose prescribed
 - arrangements for review
 - consent, *British National Formulary (BNF)* and SPC requirements, physical and mental status

Caution

Take extra care in presence of:

- congenital prolonged QTc syndromes
- medications that lengthen QTc intervals directly or indirectly
- hypo/hyperthermia, stress/extreme emotions, extreme physical exertion

There are specific risks with different classes of medication. Risks may be compounded if used in combination.

Benzodiazepines: loss of consciousness; respiratory depression or arrest; cardiovascular collapse when receiving both clozapine and benzodiazepines

Antipsychotics: loss of consciousness, cardiovascular/respiratory complications and collapse; seizures; akathisia; dystonia; dyskinesia; neuroleptic malignant syndrome; excessive sedation

Antihistamines: excessive sedation; painful injection; additional antimuscarinic effects

Consult

Advance directives if available

Preferred method of drug administration (1 = preferred)

1 Oral
Allow sufficient time for clinical response between doses

Non-psychotic context

Consider oral lorazepam

Consider all medication as part of RT (including pro re nata from agreed RT protocol or advance directive)

Psychotic context

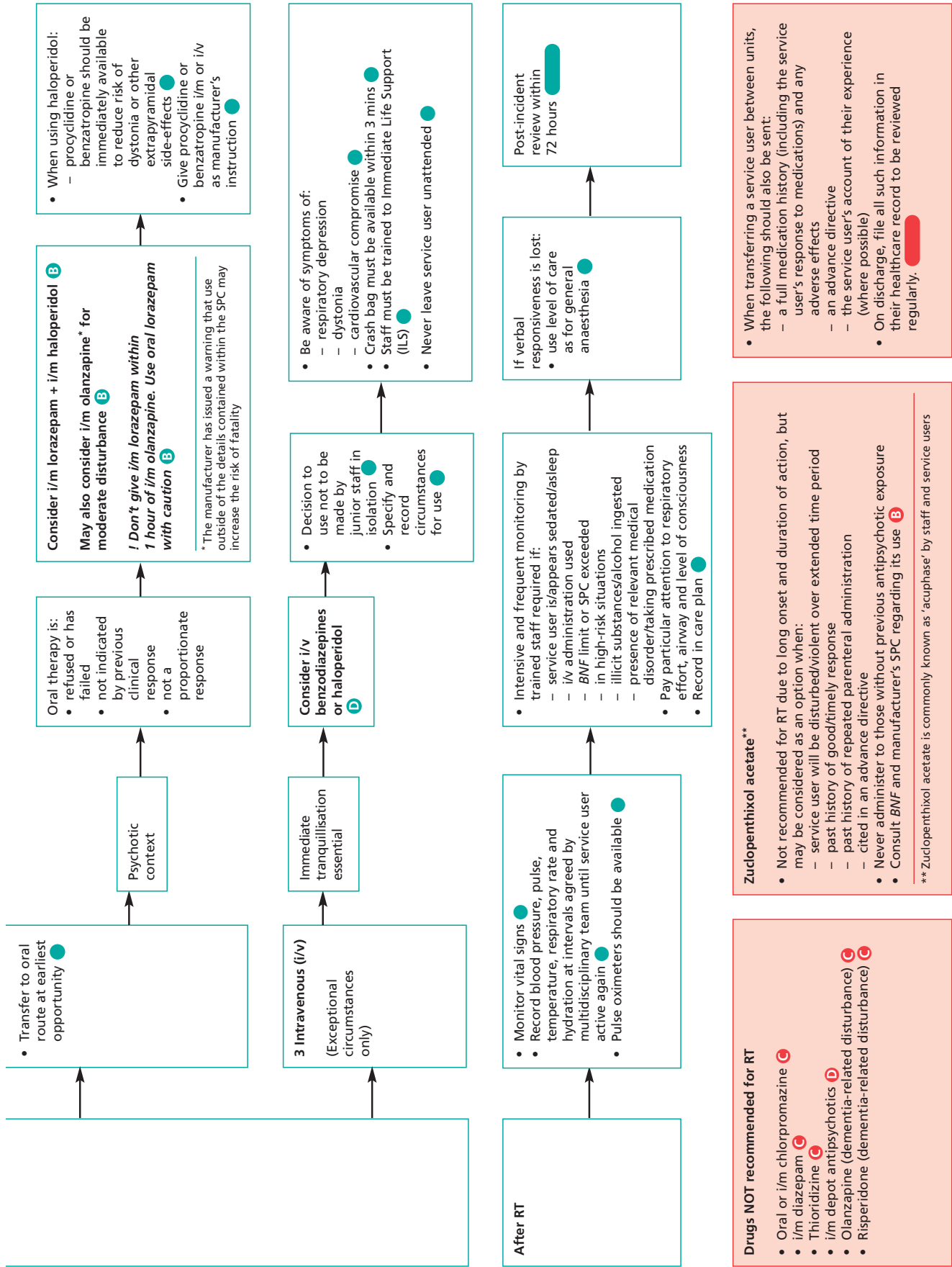
Consider oral lorazepam + oral antipsychotic

2 Intramuscular (i/m)
Allow sufficient time for clinical response between doses

Non-psychotic context

Oral therapy is:
• refused or has failed
• not indicated by previous clinical response
• not a proportionate response

Consider i/m lorazepam (if oral route inappropriate)



Interventions for the management of disturbed/violent behaviour