A Quality Improvement Project into the Use of Rapid Tranquilisation on an Acute Medical Unit

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AIMS

The aim of this project is to improve patient safety by looking at the use of rapid tranquilisation on an acute medical unit (AMU) in a busy London teaching hospital (UCLH). The hypothesis of the project was that Rapid Tranquilisation may not being used or being documented as effectively as possible. This is due largely to lack of knowledge and confidence around its use by doctors working on an acute medical ward.

OUTCOME MEASURES

Use of Rapid Tranquilisation Medications are used in accordance with UCLH, "Rapid Tranquilisation in Adults" guidelines. This includes an assessment about the medications used if their use was justified and that appropriate documentation of monitoring occurred.

METHODS

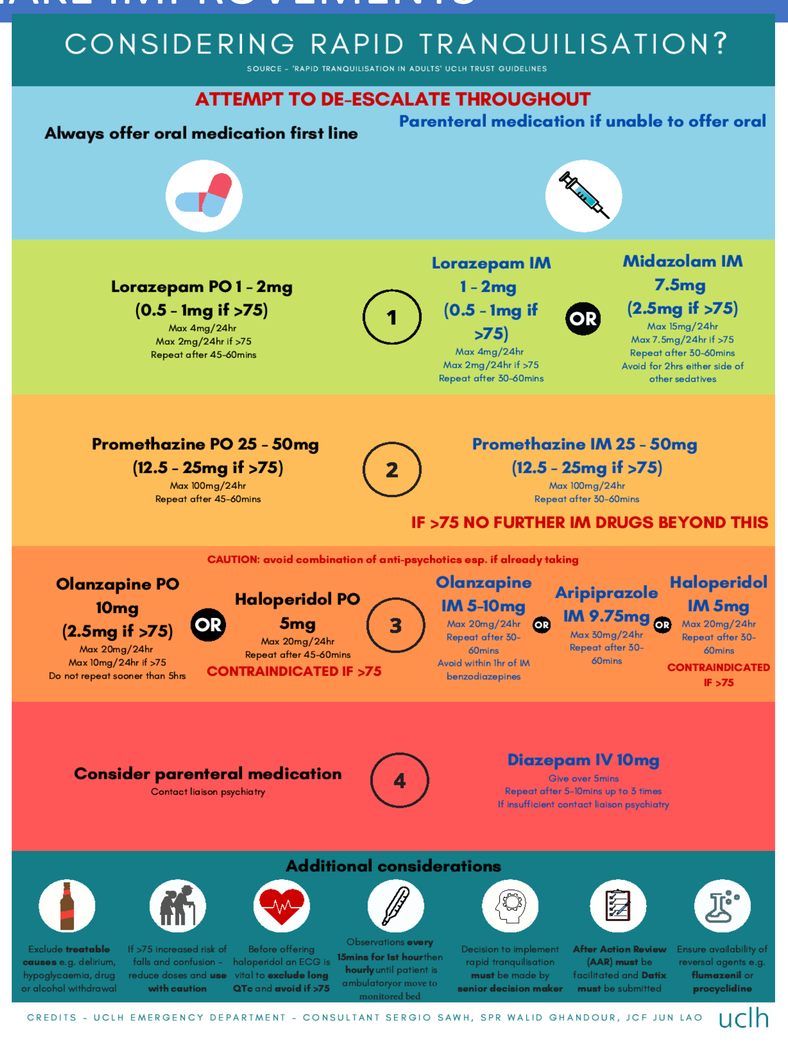
The project involved initially conducting a survey of junior doctors on the AMU about their knowledge of and confidence in prescribing rapid tranquilisation. Following this survey I then analysed every patient episode on AMU in November 2021. I audited whether patients were being correctly prescribed rapid tranquilisation, and whether monitoring was being correctly documented.

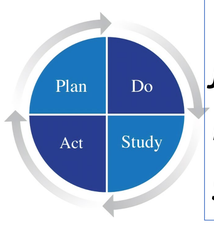
RESULTS

The initial survey showed a wide disparity in doctors' experience of managing agitated patients. 40% of doctors were "not at all confident" in prescribing rapid tranquilisation. There was a consensus that accessing information on managing agitated patient could be improved. In the audit of patient episodes in November 2021; ten patients (out of over 571) were given rapid tranquilisation. There was a total of 53 episodes of rapid tranquilisation being used. The most common medication used was Lorazepam. 4 of the patients were being treated for a likely delirium (underlying organic cause). On the whole rapid tranquilisation was used appropriately. Several problems are discussed below.

WHAT IS BEING DONE TO MAKE IMPROVEMENTS

This project is ongoing and the interventions are currently being implemented. A further survey of 15 AMU Drs, answered "What would be helpful in improving your knowledge of managing agitated patients?"; 66.6% wanted further teaching sessions, 60% wanted a template to aid documentation following the use of rapid tranquilisation. Producing a poster with a simple user-friendly algorithm was most popular (80%).





Timeline so far: Audit of Nov 21' patients and initial junior doctor survey (Jan 22'). Presentations to liaison department and AMU (Feb-March 22'. Further survey of AMU Drs (March-April 22')

WHAT IS NEXT

- ✓Teaching to improve confidence, and awareness of importance of documentation of monitoring and legal requirements.
- ✓Dissemination of poster (see above) including treatment algorithm.
- ✓Roll out of "Rapid Tranquilisation Template" on local EPR (see below) which will have several "prompts" including the legal basis of use rapid tranquilisation.
- ✓I will re-survey junior doctors and re-audit the notes of patient episodes in July 2022.

Rapid tranquillisation template

Brief description of incident (please include details such as the time the incident happened, if there was an obvious cause and who was present when the incident occurred.)
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Legal status			
Informal/Voluntary	☐ YES	☐ NO	
Under DOLS	☐ YES	☐ NO	
Under Mental Health Act	☐ YES	☐ NO	Please specify type:

Under what legal basis is patient being given rapid tranquilisation			
Under mental capacity act	☐ YES	☐ NO	Please complete capacity assessment:
Under mental health act	☐ YES	☐ NO	Please specify type:
Other	☐ YES	☐ NO	Details:

Interventions			
Verbal de-escalation attempted?	☐ YES	☐ NO	Details:

Problems

- LIMITED DOCUMENTATION – ESPECIALLY OF THE LEGAL BASIS UPON WHICH RAPID TRANQ WAS GIVEN

- IN 6 OF THE 10 PATIENTS; WHEN RAPID TRANQUILISATION WAS AT LEAST ONE SET OF OBSERVATIONS AFTER RAPID TRANQUILISATION WAS GIVEN.

- IN 4 OF THE 10 PATIENTS; VITALS WERE NOT CARRIED OUT – BUT THERE WAS AN EXPLANATION FOR THIS.

- IN NO INSTANCES WHERE RAPID TRANQUILISATION WAS USED, WAS THERE DOCUMENTATION THAT OBS WERE RECORDED EVERY 15 MINS FOR THE FIRST HOUR.