

# Intramuscular Rapid Tranquilisation in Older Adults; What Has Changed Between 2016-19?

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## 1. Introduction

Intra-muscular rapid tranquilisation (IMRT) is used with the aim of sedating or calming patients who are acutely disturbed/aggressive.

IMRT is associated with risks including pain to the patient, damage to therapeutic relationships and physical health complications (1). Therefore it should only be used as a last resort and its use should be carefully documented and comply with trust guidelines.

Documentation around IMRT was collected and compared between 2016-19 to evaluate compliance with trust standards.

## 4. Interventions

- ✓ New IMRT treatment algorithms for >65-year-olds introduced - one for dementia patients, one for patients without dementia.
- ✓ Pharmacist led teaching for junior doctors in induction.
- ✓ Compulsory E-Learning package for medical staff.
- ✓ New area on medicine card for prescribing IMRT.
- ✓ Post IMRT specific physical observation monitoring form introduced.

## 2. Aims & Auditable outcomes

Did documentation detail compliance with the following trust guidelines (2):

- a) Verbal de-escalation?
- b) PO offered before IM?
- c) Prescribed in the right area of the medicine chart?
- d) Response to IMRT documented?
- e) Physical health monitoring completed? (Baseline/After IMRT)

## 5. Results

Trust standards	First audit 2016	Second audit 2019
De-escalation recorded	34%	68%
Oral PRN offered	59%	71%
RT recorded in notes	89%	94%
Response recorded in notes	72%	79%
Physical monitoring	33%	59% (50% fully, 9% partially)
RT Monitoring form used	N/A	59%
Baseline physical observations	0%	82%
<b>Total compliance</b>	<b>48%</b>	<b>73%</b>

## 3. Methods

Retrospective case-note audit cycle for all patients >65yrs within the trust at two defined points.

2016 - data extracted from paper notes on each ward.

2019 - data extracted from CareNotes electronic patient information system for all inpatients >65 years old on 1/9/2019

## 6. Conclusions

- ✓ Total **compliance** with trust standards has **increased** in all areas of auditable outcomes.
- ✓ There was a **49% reduction** in IMRT events between 2016-19 with more evidence of verbal de-escalation and offering oral medicines.
- ✓ We cannot identify which of the interventions were responsible for the changes

## 7. References

<sup>1</sup> Violence and aggression: short-term management in mental health, health and community settings (2015) NICE guideline NG10

<sup>2</sup>. The Sussex Partnership Trust Rapid Tranquillisation Policy

