Are we over using oral PRN benzodiazepines? Hence low use of IM
If patients are requesting/being offered PRN clonazepam frequently should it
throughout the
Only 4/10 patients were prescribed regular clonazepam, 3 out of the 4 took
Are we working proactively to minimise the use of ‘chemical
4/10 patients are prescribed IM lorazepam however 0/10 patients have
Medication can be construed as being prescribed as a threat as
Sharing this data with other wards and comparing results and findings
to be
As well as a line graph to show the frequency of patients taking PRN
3/10 patients are not prescribed PRN clonazepam
We will create a line graph to show the dose of regular prescribed
ward round?
How many patients are on regular benzodiazepines, dose and how
Creating a mechanism to stop or reduce PRN benzodiazepines if patients are
Are benzodiazepines being prescribed/used as a threat/perceived
Expanding the role of the pharmacist/nursing team in reviewing and
Only 3/10 patients were prescribed PRN clonazepam however have not
Out of the 4 patients that utilise their PRN clonazepam
The data suggests we are not over using oral PRN
Evidence implementing more talking therapy and less medication as
Patients rated ‘distraction’ highly as a need during a psychiatric emergency
We will look through the last two weeks and note the total dose given to
How do the results correlate to episodes of restraints, IM RT and seclusion?
P3 and P4 prove regular clonazepam is monitored effectively as the
50% of the patients that are prescribed clonazepam, their dose has been
23/03/2019
asleep)!
NICE (2015) guidelines state it is important to maintain the safety of everyone whilst keeping patients calm (not
practice with the administering of IM RT. Finding a therapeutic dose of benzodiazepines will reduce overall use of
restraints.
It is important to work proactively to reduce restrictive practice with the administering of IM RT. Finding a therapeutic dose of benzodiazepines will reduce overall use of
successful. We can now examine how the use of PRN and regular clonazepam correlates to the use of seclusion, restraints, and RT. NICE (2015) guidelines state it is important to maintain the safety of everyone whilst keeping patients calm (not asleep)!

We are working towards avoiding over sedation in patients and benzodiazepine prescriptions, whilst maintaining the safety of both the staff and patients on the ward. It is important to work proactively to reduce restrictive practice with the administering of IM RT. Finding a therapeutic dose of benzodiazepines will reduce overall use of seclusion, restraints, and RT, whilst working carefully to minimise sedation and a tolerance build up. We can now examine how the use of PRN and regular clonazepam correlates to the use of seclusion, restraints, and RT. NICE (2015) guidelines state it is important to maintain the safety of everyone whilst keeping patients calm (not asleep)!