NHS
Cheshire and Wirral Partnership
NHS Foundation Trust

Algorithms for Tranquillisation: Important Notes

Introduction

These algorithms should be used in conjunction with the Rapid Tranquillisation policy (MP10) and are not stand-alone algorithms. There are three algorithms:

- Medicines for Tranquillisation in children and adolescents
- Medicines for Tranquillisation in 18–65 year olds
- Medicines for Tranquillisation in >65 year olds

Cautions for lorazepam

- There is a small risk of paradoxical reactions
- Have available, and staff who can administer, **flumazenil IV, mask and oxygen** for benzodiazepine-induced respiratory depression. This can be given by medical staff if present; otherwise, call emergency service.

Cautions for haloperidol

- Prescribe and have available PRN PO/IM procyclidine in case of acute dystonic reactions
- Avoid if:
    - Antipsychotic-naïve
    - Previous dystonic reaction to antipsychotics
    - Bipolar disorder (increased risk of EPSEs)
    - No ECG is available
    - QTc prolongation risk factors present
    - History of CVD
    - Diagnosis of dementia
- Do not use if diagnosis of Parkinson's Disease or DLB

Cautions for olanzapine

- If given orally, peak plasma level occurs 5-8 hours post dose.
- Olanzapine IM and lorazepam IM must not be given within one hour of each other.
- Do not use olanzapine IM for a patient for more than three consecutive days.
- Not more than three injections should be given in any 24-hour period.
- Avoid if:
    - Pregnant
    - History of CVA or CVD
    - Liver impairment
    - Narrow angle glaucoma
    - Seizures/epilepsy
    - Organic disorder / diagnosis of dementia.
- Do not use if diagnosis of Parkinson's Disease or DLB

Cautions for promethazine

- Avoid in respiratory disease, severe coronary artery disease, congestive heart failure, narrow angle glaucoma, epilepsy, or hepatic and renal insufficiency.
- Avoid if no ECG available.

General principles

- Plans for individual patients should be made in advance and kept up-to-date.
- Always **consider the patient's previous responses to medication** (effectiveness and side effects).
- For unknown patients, frail patients, or patients under the influence of alcohol or illicit substances, use the lower end of the dose range.
- Check whether the patient has pre-existing physical health problems or is pregnant.
- Check for drug-drug interactions with the patient's other prescribed medication.
- Check the total dose of antipsychotic medications prescribed for the patient, taking care to avoid unintentional high dose antipsychotic therapy (HDAT; see MP18).
- Avoid the use of antipsychotics if the patient has been exposed to CS gas.
- **If the behavioural disturbance is thought to be due to non-psychotic processes, then benzodiazepines or promethazine would be preferable** as the benefits of antipsychotic treatment are unestablished.
- If in doubt, seek further advice from the consultant, higher psychiatric trainee doctor, or the duty pharmacist.
- For child and adolescent patients, it is recommended that, if possible, the CAMHS consultant is contacted before prescribing tranquillisation medicines.
- For patients with dementia, consider non-antipsychotics in preference to antipsychotics. **Avoid antipsychotics for patients with Parkinson's Disease or Dementia with Lewy Bodies (DLB).**
- Consider legal / Mental Health Act status.
- Do not give IM olanzapine and IM lorazepam within one hour of each other.
- Do not mix any drugs in same syringe.
- Consider the patient's preferences and any advance statements and decisions made by the patient.

After using medicines for tranquillisation

- Monitor patient using physical health observation chart including AVPU every 15 minutes for the first hour, and then every hour until the patient is full conscious and/or ambulant
- Monitor for risk of falls and deterioration of mobility
- Supervise patient closely
- Have a team on hand for C&R

Cheshire and Wirral Partnership
NHS Foundation Trust

Medicines for Tranquillisation in older adults (>65 years of age)

Non-urgent tranquillisation:
Oral medicine Options (use one option at a time)

- **First Line:** Lorazepam 0.5mg to 2mg (preferred if antipsychotic-naïve)
- **Second Line:** Haloperidol 0.5mg to 1.5mg
  or
- **Second Line:** Olanzapine 2.5mg to 5mg

Urgent/rapid tranquillisation: **IM** medicine

Options (use one option at a time)

- Lorazepam 0.5mg to 1mg (diluted 50:50 with water for injections)
- Preferred if antipsychotic-naïve
- Consider if no response to IM haloperidol & promethazine
- Haloperidol IM 1.5mg to 2mg
- Note that NICE NG10 recommends combining this with IM promethazine (12.5mg to 25mg)
- Consider if no response to IM lorazepam

Notes

- Consider further doses if partial response to the first dose, but allow at least one hour between oral doses and at least 30 minutes between IM doses.
- If above options are unsuccessful, then review treatment plan with the consultant, higher psychiatric trainee doctor, and/or the duty pharmacist. Consider IM olanzapine 2.5mg to 5mg.

Maximum doses in 24 hours

- Lorazepam: 2mg
- Olanzapine: 15mg
- Promethazine: 50mg
- Haloperidol: oral 5mg; IM 3mg – ***NB 3mg of IM haloperidol is equivalent to 5mg of PO haloperidol***