

This applies to acutely disturbed patients and not the management of delirium.

Rapid Tranquillization of the Acutely Disturbed Patient - 65 years old and over – October 2004 (Draft 6)

USE NON-PHARMACOLOGICAL MEASURES

Talking down/stimulus reduction/distraction
Consider medical/physical causes of behavioural disturbance

Consider oral medication

Lorazepam 0.5mg – 1mg

Continue non-pharmacological measures

Little or no effect after 45 minutes

Has previously tolerated treatment with **typical** antipsychotics?

Yes

No

Consider oral medication

Lorazepam 1mg – 2mg **or**
Haloperidol 0.5mg – 5mg

Repeat oral medication

Lorazepam 0.5mg – 1mg

Continue non-pharmacological measures

Little or no effect after 45 minutes

Repeat oral medication

Lorazepam 1mg – 2mg **or**
Haloperidol 0.5mg – 5mg

Consider alternative oral medication

Olanzapine 2.5mg – 5mg

Little or no effect after 45 minutes

Little or no effect after 45 minutes

In cases of extreme emergency only, consider intra-muscular medication

Lorazepam 1 – 2mg IM
and/or
Haloperidol 2.5 – 5mg IM

Monitor the patient's physical state

Little or no effect after 45 minutes

Repeat IM medication

Before any intra-muscular injection monitor:

**Temperature
Pulse
Blood Pressure
Respiratory Rate**

Repeat every 5–10 min for 1 hour, then every 30 min until patient is walking around.

If patient asleep or unconscious, use pulse oximeter and nurse should remain with the patient until they are walking around again.

The notes must contain a record of the observations. **Where baseline observations are not carried out, the reasons for this must be recorded in the notes.**

In cases of extreme emergency only, consider intra-muscular medication

Lorazepam 1 – 2mg IM
and/or
Haloperidol 1mg – 5mg IM

Monitor the patient's physical state

Little or no effect after 45 minutes

Repeat IM medication

If not effective seek advice from the **CONSULTANT ON CALL**

- Keep your cardiopulmonary skills up to date
- Gain knowledge of control and restraint procedures
- Psychological therapeutic relationship consequences of RT to be monitored and appropriately managed
- Lorazepam must be prescribed during RT in stat doses only

Typical Antipsychotics

Include:

Chlorpromazine
Haloperidol
Levomepromazine
Thioridazine
Promazine
Trifluoperazine