

Brief guide: Rapid Tranquillisation (by the parenteral route) in Adult Mental Health

Context and policy position

NICE defines rapid tranquillisation (RT) as ‘use of medication by the parenteral route (usually intramuscular or, exceptionally, intravenous) if oral medication is not possible or appropriate and urgent sedation with medication is needed’. Clinicians using RT must consider both how they monitor the patient’s physical health and how they manage medical emergencies that might arise.

If a clinician considers it necessary to use RT, NICE¹ recommends either:

- intramuscular lorazepam on its own, or
- intramuscular haloperidol combined with intramuscular promethazine.²

Note there is additional guidance on prevention and intervention for challenging behaviour presented by people with learning disabilities (NICE, NG11 2015c) and for RT in pregnancy (NICE, CG192 2014c). This is outside the scope of this brief guide.

Evidence required (drawn from NICE guidance)

Policy

Is there a policy on the use of RT that includes prescribing, administering, physical health monitoring and the management of problems including resuscitation? Does the policy reference NICE guidelines? Can staff who might need to refer to the policy access it? Is there effective audit and board level oversight of the use of rapid tranquillisation?

Training

Have staff involved in administering or monitoring RT been trained in:

- the hospital policy for rapid tranquillisation,
- de-escalation techniques,
- intermediate life support training?

Mental Health Act 1983

Is the appropriate legal authority in place e.g. section 62 or T3?

Care planning

Do patients who might be subject to RT have an individual plan? Is this reviewed at least weekly? If RT is used, does a senior doctor review all medicines at least daily?

Does the plan record:

- the target symptoms,
- the total daily dose of medication prescribed and administered, including prn,
- the number and reason for any missed doses,

¹ Violence and Aggression Short-term management in mental health, health and community settings NICE Guideline NG10 2015.

² NICE recommends the use of lorazepam alone if the patient has not taken an antipsychotic previously or if the patient has cardiovascular disease, including a prolonged QT interval, or no ECG has been carried out

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- therapeutic response and the emergence of unwanted effects,
- any advance decision by the patient about their treatment?

Prescribing

Is medication used for RT prescribed as a once-only dose until the effect of the initial dose has been reviewed? Is medication prescribed in accordance with trust policy and evidence based practice?^{1,4}

Monitoring

Following RT do staff monitor: side effects, pulse, blood pressure, respiratory rate, temperature, level of hydration and level of consciousness at least every hour until the patient is ambulatory and there are no further concerns? (Staff should monitor every 15 minutes if BNF maximum dose has been exceeded or patient appears to be asleep or sedated, has taken illicit drugs or alcohol, has a physical health problem or has experienced harm as a result of restraint). If full monitoring is impractical, do staff document reasons why and ensure a minimum observation of respiration and level of consciousness?

Additionally, Intermittent psychiatric observations should be documented every 15 minutes

Post-Incident Review

- Is there a record of an immediate post-incident debrief and of a patient led review 72 hours after the incident, involving staff from a different ward?
- Do the staff and patient use the review to identify what led to the incident, what could have been done differently and to consider less restrictive interventions?
- Are reviews used to inform changes to policies, care environment, care plans, staff education and training?

Equipment

- Does the provider have the equipment and medication to manage medical emergencies arising from Rapid Tranquillisation?³

Reporting

Under '**Use of restrictive interventions**' in the '**Safe**' section of the evidence appendix, record your findings on the extent to which staff followed NICE guidance when using rapid tranquillisation.

Information about the quality of the provider's policy on RT, staff training in RT and the quality of care planning related to RT will also contribute to judgements about the key questions Effective and Well Led,

Link to regulations

Failure to comply with guidance and legislation in this area would fall under:

Regulation 12 – Safe Care and Treatment

Regulation 11 – Need for Consent.

³ Resuscitation council UK Quality standards for cardiopulmonary resuscitation practice and training.

⁴ Joint BAP NAPICU evidence-based consensus guidelines for the clinical management of acute disturbance: De-escalation and rapid tranquillisation

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