Pharmacological Management of Violence and Aggression – Guidance for junior doctors if urgent treatment needed (if antipsychotic or ‘high dose’ lorazepam may be required, junior doctor must consult senior clinician to authorise)

**Intramuscular Medication (Working age adults) (v1 July 2017)**

**Lorazepam IM**
0.5-2mg

**LORAZEPAM**
Onset of action 15-30 mins
Peaks 60-90 mins
Max 4mg in 24 hrs (inc oral)

**RESPONSE**

Prescribe oral and IM separately
Max doses apply to combination of oral and IM, regular and prn
*Do not* use O/IM abbreviation
*Do not* use 2 drugs of same class for RT
*Do not* mix medication in same syringe

**RESPONSE:** Review patient’s treatment plan, to include all prescribed regular and PRN medication at next MDTM

*Update nursing care plan
*Complete incident form
*Debrief for both staff and patient

**NO RESPONSE**
Consider second line or Follow Promethazine Pathway

**NO RESPONSE**
After use of both medicines

**Promethazine IM**
25-50mg

**PROMETHAZINE**
Onset of action 30-60 mins
Peaks 1-2 hours
Max 100mg in 24 hrs (inc oral)

**RESPONSE**

Physical Obs BP, RR, Temp, Pulse every 15 mins for 1 hour

**RESPONSE**

Physical Obs BP, RR, Temp, Pulse every hour for 4 hours

**NO RESPONSE**
Consider second line with senior clinician or Follow Lorazepam Pathway

**NO RESPONSE**
After use of both medicines

If NO RESPONSE after 2 agents, review treatment plan with senior clinician

POL 001 020 002 Appendix Rapid Tranquilisation IM Medication