

Pharmacological management of violence and aggression

Rapid Tranquillisation: Guidance for senior clinicians (Working age adults) (v1 July 2017)

For use when there has been no response to standard treatment with Lorazepam IM or Promethazine IM. Senior clinicians are authorised to use options below first line, as part of care plan agreed at MDT. Junior doctors must consult senior clinician before prescribing any of the options below. Physical monitoring must be carried out after all of the options below

Haloperidol IM

Initial doses of 2 to 5mg intramuscularly, may be used. Depending on the response of the patient subsequent doses may be given every 4-8 hours up to a maximum of 12mg/day.

Prescribe with IM Promethazine if this hasn't already been given.

A baseline ECG is essential before haloperidol is administered

Haloperidol is contra-indicated in significant cardiac disease (e.g. recent myocardial infarction, arrhythmias, QTc interval prolongation, history of ventricular arrhythmia and uncorrected hypokalaemia)

Haloperidol is also contra-indicated with other QTc prolonging drugs including erythromycin, antipsychotic drugs and antidepressants that the patient may already be prescribed

'High dose' Lorazepam IM

25 - 30microgram/kg (usual range 1.5-2.5mg) repeat every 6 hours if necessary

eg for a 70kg male 2mg, 6 hourly maximum 8mg in 24 hours

Ensure the patient has regular physical observations, and is on at least level 2 supported observations

Olanzapine IM

Olanzapine IM does not have a product licence in the UK.

Initial dose 5-10mg, this dose may be repeated after 2hours. Maximum of 3 injections in 24 hours. Maximum 20mg in 24 hours including regular and prn oral olanzapine. Maximum 3 days use

If IM lorazepam has already been administered wait at least 90minutes before administration of IM olanzapine. Assess risks before administration and ensure regular physical observations after administration

The safety and efficacy of IM olanzapine has not been evaluated in patients with alcohol or drug intoxication (either with prescribed or illicit drugs)

Aripiprazole IM

Initial dose of 9.75mg IM. A subsequent dose of 5.25-9.75mg may be repeated after two hours. Maximum of three injections or 30mg (including regular) in 24 hours

Clopixol Acuphase, Paraldehyde, Intravenous administration of antipsychotics/benzodiazepines are not recommended for use.

References. UK SPC, BNF

POL 001 020 003 Appendix Rapid Tranquillisation Medication - Senior clinician authorisation