Humber Teaching
NHS Foundation Trust

Rapid Tranquilisation (RT) Policy (M-014)

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Policies should be accessed via the Trust intranet to ensure the current version is used

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1. INTRODUCTION

NICE defines the risks of rapid tranquilisation and the management of these risks in Clinical Guideline NG10, May 2015 “Violence and aggression: short-term management in mental health, health and community settings”.

Rapid Tranquilisation (RT) should only be considered once de-escalation and other strategies have failed to calm the patient. The intervention (along with physical intervention and seclusion) should be considered a management strategy and not be regarded as a primary treatment technique. When determining which intervention to employ, clinical need, the safety of service users and others and, where possible, any advance directives should be taken into account. The intervention selected must be a reasonable and proportionate response to the risk posed by the patient at that particular time. The aim of RT is to achieve a state of calm sufficient to minimise the risk posed to patients or others.

The use of RT is a high risk practice which has to be well managed in order to avoid unnecessary harm. The risks associated with RT have been identified as:

- Over-sedation causing loss of consciousness
- Over-sedation causing loss of alertness
- Loss of airway
- Cardiovascular collapse (problems with arrhythmias, hypotension, sudden death)
- Respiratory depression (be aware acute dystonia’s may compromise respiratory rate)
- Interaction with medication (prescribed or illicit including alcohol)
- Damage to the therapeutic relationship
- Underlying coincidental physical disorders

This policy defines the process for managing these risks by ensuring that staff are aware of:

- Training requirements
- Safe prescribing guidelines
- Safe physical health monitoring guidelines

1.1. Definition of Rapid Tranquilisation (RT)

RT is defined as “the use of parenteral medication to manage aggressive or violent behaviour, to urgently sedate the patient and to optimally reduce the risk to the patient, others and/or the environment”.

2. SCOPE

This policy is applicable to all clinical staff working within the Inpatient Services.

This policy and guideline is intended to support the use of appropriate, safe and effective RT medication within inpatient settings within the Trust.

This policy:

- Applies to all adults (aged 18 and over)
- Applies to any young person admitted into the CAMHS Unit or adult inpatient service
- Outlines the use of medications for RT
- Specifies the associated monitoring of patients after the administration of medications for RT
- Specifies essential equipment for RT
- Identifies clinical staff training needs

This policy applies to all staff working within Trust inpatient units who are involved in the prescribing, administration and monitoring of RT.

Full guidance on the prescribing and review of PRN medications can be found in the Safe and Secure Handling of Medicines Procedure.

3. POLICY STATEMENT

This policy sets out the standards of care that are expected within the Trust undertaking RT using 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.

Where possible, decisions about the use of parenteral RT medication and associated monitoring should be made by a multidisciplinary (MDT) decision (including a psychiatrist, senior nurse and a specialist mental health pharmacist), in advance of administration of medication. There should be collaboration with individuals who have parental responsibility for patients under 18 years of age with the consent of the child/young person where appropriate

Therapeutic goals for the use of RT should be identified, specifying how symptoms will be monitored for effectiveness and unintentional adverse effects. Individualised safety plans, including nature and frequency of physical monitoring should take account of:

- Any advanced decision if in place
- Patient preferences, where these can be established
- Previous exposure to psychotropic medication (effectiveness and tolerability)
- Severity of symptoms
- Age
- Co-morbid medical conditions
- Concomitant medications and potential for adverse drug interactions
- Whether baseline assessments of ECG, BCP are available
- Thresholds for seeking medical advice dependant on NEWS2 (over 16/adults)/PAWS (young people under 16) and baseline scores

The documented plans developed by the MDT should clearly outline when the use of parenteral PRN medication would constitute RT.

Should clinical need require any deviations from the practice outlined within this guidance, this should be discussed with a senior psychiatrist (Specialist Trainee or Consultant) and recorded in the patient's clinical notes. Details that will be considered should include:

- The exact nature of the intervention
- The rationale for this intervention, including acknowledgement of usual practice, and that this is a deviation from this
- A clearly defined aim of the treatment
- A clearly defined timescale for review
- The name of the senior psychiatrist with whom the plan has been discussed and agreed

Decisions to use RT should be based on careful clinical judgement, based on a risk/benefit analysis. Particular caution is necessary if combining RT with restraint or seclusion.

4. DUTIES AND RESPONSIBILITIES

4.1. Chief Executive

Is responsible for ensuring that a policy for the use of RT is in place and that all staff working in the Trust are aware of, operate within the policy and that resources are in place for implementation, training, monitoring, review and audit of RT.

4.2. Medical Director

Is responsible for ensuring that all medical staff and prescribers are aware of, and are trained in the use of RT and operate within the policy for the use of RT medication.

4.3. Director of Nursing

Is responsible for ensuring mechanisms are in place to ensure nursing and allied health professionals within all services are aware of and comply with the requirements of the policy for the use of RT medication, training and performance measures.

4.4. Divisional Clinical Leads

Are responsible for ensuring that all staff are aware of and operate within the policy for the use of RT medication and adhere to any mandatory training requirements and performance monitoring required by the Trust to demonstrate adherence. Divisional Clinical Leads should ensure clinical teams are able to access appropriate training.

4.5. Modern Matrons

Modern matrons have the responsibility for monitoring use of RT medication and adherence to the policy within their service via Datix reports. They have the responsibility of ensuring that any appropriate training associated with RT medication within the Trust is undertaken by nursing staff within their service.

4.6. Drugs and Therapeutics Group (DTG)

The DTG is responsible for reviewing and approving the policy for the use of RT medication.

4.7. Multidisciplinary Teams (MDT)

The MDT should ensure that advanced decisions/statements relating to the use of RT medication and any complicating factors are identified and actions agreed prior to using RT medication. The MDT should ensure that patients presenting with actual violence and aggression have an individualised pharmacological strategy for the use of RT medication developed and documented as soon as possible after admission to an inpatient psychiatric unit.

The MDT should review the pharmacological strategy within one working day (Monday-Friday) if RT is being planned or used. These reviews should be recorded and include:

- Clarification of target symptoms
- The likely timescale for response to medication
- The total daily dose of medication, prescribed and administered, including PRN medication
- The number of and reason for any missed doses
- Therapeutic response to medication strategies
- The emergence of unwanted effects
- Following the administration of RT the consultant or on-call consultant should review all medication within 24 hours

4.8. Nurse in Charge of the Ward

The nurse in charge must ensure that all aspects of any episode of RT medication is managed, reported and coordinated including discussion at handover and during the next MDT meeting.

The nurse in charge must ensure:

- There is immediate access to an ILS trained member of staff on shift

- Appropriate resuscitation equipment and emergency drugs are available to allow RT to be administered
- All bank/agency and locum staff on duty at the time are briefed on all relevant Trust policy and guidelines
- All patients are assessed and reviewed at least once per shift as part of a broad strategy to anticipate and de-escalate episodes of acute disturbed behaviour
- The doctor is alerted to all episodes of potential RT and is requested to attend within one hour
- All attempts have been made to calm the patient utilising interventions other than RT
- The patient's privacy and dignity has been maintained in accordance with the Trust's Privacy and Dignity Policy
- Ensure that if the doctor does not attend with an hour, concerns are escalated through management and rationale documented in the clinical records
- Physical monitoring of the patent is maintained and recorded in line with this policy using NEWS2 (over 16/adults)/PAWS (young people under 16)
- The patient's care plan is updated to reflect use of RT and the subsequent monitoring requirements in line with policy
- Attempts should be made to give the patient an explanation as to why RT is to be administered
- Post administration the patient should be given a full explanation as to why Rapid Tranquilisation has been used (usually as part of the debriefing process) and the have the opportunity to reflect on the incident, due consideration of capacity should be made and where appropriate others informed
- Ensure the next shift is aware of the use of RT and appropriate actions are handed over
- All rapid tranquilisation must be reported on Datix
- the consultant, or on call consultant, is contacted and requested to review the patient's Medicines Administration Record chart (MAR) within 24 hours

4.9. Staff member performing the monitoring of the patient's physical observations

- Carry out the monitoring as detailed within the policy – all patients should receive baseline observations, recorded on NEWS2 (over 16/adults)/PAWS (young people under 16) on admission
- Record the patient's physical observations using NEWS2 (over 16/adults)/PAWS (young people under 16)
- Record the reason why, if for any reason all the physical monitoring cannot be completed, but maintain observation of respirations and consciousness as a minimum
- Report to the nurse in charge and/or doctor any changes in the patient's physical condition which give cause for concern

4.10. Charge Nurse/Unit Manager

The charge nurse/unit manager together with the modern matron must review all reports of RT on Datix and support any post incidents debriefs. When the review has been undertaken the charge nurse/unit manager will indicate such by finally approving in Datix. An audit against the policy criteria must be undertaken and recorded on the RT Electronic Audit. Where compliance with policy is not met, the matron/unit manager must address competency issues with the staff members involved.

The charge nurse is responsible for ensuring that the nurse in charge has followed all appropriate procedures for follow up and review in line with section 4.8.

The charge nurse is responsible for ensuring appropriate mechanisms for the monitoring of resuscitation equipment and emergency drugs on the ward are in place and that monitoring is carried out at the intervals directed within the Medical Emergencies and Resuscitation Policy and Procedure.

4.11. Medical Staff

The doctor who prescribes the RT medication must indicate in the medical record:

- Any monitoring required in addition to the standard monitoring as detailed in the this policy and guideline
- Any subsequent action to be taken by the nursing staff with regard to the administration of any regularly prescribed medication (including physical health and psychotropic medicines)
- All doctors are responsible for ensuring that they are trained to use resuscitation equipment and RT
- Medical staff are responsible for ensuring any concerns about the safety of undertaking RT are raised and advice sought from the consultant (consultant on call if out of hours)
- The doctor should be aware of the patient's legal status and follow correct procedures
- It is anticipated that in most cases a member of medical staff will be on the ward in order to prescribe the medication for RT. In the event that RT proceeds without a doctor being on site the duty doctor or responsible clinician should attend the unit to review the patient as soon as practically possible, ideally within 30 minutes. This review should assess:
  - Any harms experienced as a result of use of RT
  - The patient's mental state
  - The patient's MAR chart and further requirements for RT
- If they have not attended within an hour this should be escalated to the Trust on call Consultant
- The consultant, or on call consultant, should ensure those who receive RT have their MAR charts fully reviewed within 24 hours. They should also ensure those who receive PRN medication are reviewed weekly
- The consultant should ensure that all medications are covered by Section 58 approval (consent to treatment) when applicable. Where RT and 'as required' (PRN) short and intermediate parenteral psychotropic medication is to be administered under Section 62 (emergency treatment), the consultant authorising treatment must ensure that form Z08 is completed

4.12. Pharmacy Staff

Pharmacy staff should participate in MDT reviews of patients who have received RT and review the management of any current episodes of RT during routine visits.

4.13. All Staff

All staff have responsibility for ensuring they maintain current awareness of all relevant policies and guidelines applicable to RT medication. All staff should identify their training needs relating to undertaking RT medication and ensure that these needs are addressed with their line managers.

5. GUIDELINES

5.1. Involve patients in decision-making

- Where possible, patients should be presumed to have capacity and from the point of admission should be involved in all decisions about their care and treatment, with treatment plans developed jointly.
- Young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there is significant evidence to suggest otherwise. Procedures for establishing mental capacity to consent to specific decisions/actions, and where appropriate, best interest procedures, should be followed.
- For young people under 16 years it should be assessed whether they have enough understanding to make up their own mind about the benefits and risks of treatment – this is termed 'Gillick competence'.
- A parent or guardian with 'Parental responsibility' cannot override a competent child's refusal to accept treatment. Where a competent child under 16 refuses a specific treatment which is in their best interests, but the parents support the recommendation for treatment, there

should be evidence of that providers have attempted to understand both the child's and parents' position. There should also be evidence that alternative treatments have been considered or a compromise is possible. However, ultimately the decision rests with the competent child (Brief guide BG004 Dec 2017).

- Consent forms are available from the Trust website and further guidance can be found in the Trust consent policy.
- If a patient is unable or unwilling to participate in developing care and treatment plans they should be offered the opportunity to review and revise the plans as soon as they are able to do so.
- If the patient wishes, their carer should also be involved.
- Before undertaking restrictive interventions, staff should check whether the patient has made any relevant advance decisions, statements or preferences.
- Where the patient has appointed a decision maker, this should be taken into account when making decisions about care.
- Patients should be encouraged to develop advance decisions, statements or preferences about the use of restrictive interventions as soon as possible after admission.
- Patients should be provided with information and support to help them understand the main side effects of medications used for RT to assist informed choice. Staff should ensure that this information is made available in a format they understand
- Ensure the patient understands that during any restrictive intervention their human rights will be respected and the least restrictive intervention will be used to enable them to exercise their rights.
- Identify and reduce any barriers to the patient exercising their rights and, if this is not possible, record the reasons in their notes.

5.2. Intramuscular Medication for RT

All patients must be informed that IM medication is to be given and given the opportunity at any stage to accept oral medication voluntarily.

- RT is "the use of parenteral medication to manage aggressive or violent behaviour, to urgently sedate the patient and to optimally reduce the risk to the patient, others and/or the environment".
- Use either intramuscular lorazepam alone or intramuscular haloperidol with or without intramuscular promethazine* for rapid tranquilisation in adults**.
- For children and young people, use intramuscular lorazepam for rapid tranquillisation and adjust the dose according to their age and weight
- If there is only a partial response to the administration of intramuscular lorazepam in children and young people, check the dose again according to their age and weight and consider a further dose or follow the flow chart in Appendix 3.

***NOTE:** Evidence for use of promethazine in over 65 year and confused patients is limited. Consideration should be given to using haloperidol alone or alternatives under advice from an Older People's psychiatrist.
**** NOTE:** Drug combinations and recommendations are based on current NICE guidelines. Any deviations due to clinical reasons should be recorded clearly in the patient's record

- When deciding which medication to use, take into account:
  - The patient's preferences or advance statements and decisions.
  - Pre-existing physical health problems or pregnancy
  - Possible intoxication
  - Previous response to these medications, including adverse effects
  - Potential for interactions with other medications
  - The total daily dose of medications prescribed and administered
- If there is insufficient information to guide the choice of medication for RT, or the patient has not taken antipsychotic medication before, use intramuscular lorazepam
- If there is evidence of cardiovascular disease, including a prolonged QT interval, or no

electrocardiogram (ECG) has been carried out, avoid intramuscular haloperidol combined with intramuscular promethazine and use intramuscular lorazepam instead

- If, in exceptional circumstances, the use of intramuscular haloperidol combined with intramuscular promethazine is considered in the absence of an electrocardiogram being undertaken, the cardiovascular status of the patient should be recorded in the patient's notes. The record should indicate that a thorough risk assessment of the use has been undertaken and that the risks associated with use in the absence of an ECG are outweighed by the risks of not using the combination
- If there is a partial response to intramuscular lorazepam, consider a further dose
- If there is no response to intramuscular lorazepam, consider intramuscular haloperidol combined with intramuscular promethazine
- If there is a partial response to intramuscular haloperidol combined with intramuscular promethazine, consider a further dose
- If there is no response to intramuscular haloperidol combined with intramuscular promethazine, consider intramuscular lorazepam if this hasn't been used already during this episode. If intramuscular lorazepam has already been used, arrange an urgent team meeting to carry out a review and seek a second opinion if needed
- When prescribing medication for use in RT, write the initial prescription as a single dose, and do not repeat it until the effect of the initial dose has been reviewed
- Where the use lorazepam, haloperidol and promethazine has been unsuccessful, other medications should only be used in exceptional circumstances after a comprehensive consideration of risk/benefit by the MDT including a consultant and specialist pharmacist

5.2.1. Monitoring of Patients during and after RT

- Ideally the doctor must attend immediately to:
  - Prescribe medication where this has not previously been planned for
  - Respond to potential clinical emergencies which may result from administration of RT
  - Assess the patient for any harm experienced as a result of use of RT
  - Reassess the patient's mental state
  - Assess the patient's further requirements for RT
- Where the doctor is unable to attend immediately a clinical decision between the nursing staff and the doctor or on call consultant via telephone should be sought to administer medication (i.e. PRN) might be judged clinically appropriate
- Ideally the doctor will attend within 30 minutes of being called. If they have not attended within an hour this must be escalated to the on call consultant. In these circumstances clinical emergencies must be responded to using the unit's emergency procedure/pathway

For **ALL** patients, once RT has been administered monitor and record the following **every 15 minutes** until medical review;

- Response to medication
- Side effects
- Respiratory rate
- Saturation levels
- Temperature
- Blood pressure
- Heart rate
- Level of consciousness
- Level of hydration

➢ **<u>Once the medical review has taken place, the medic will set the frequency required for further monitoring and the plan agreed with staff.</u>**

- Key patient risk factors to be aware of are where patients have:
  - Received in excess of the maximum daily doses specified by the BNF
  - Appear to be asleep or sedated
  - Taken illicit drugs or alcohol
  - Pre-existing physical health problem
  - Experienced any form of restrictive intervention
- Physical health observations using the National Early Warning Scores NEWS2 (over 16/adults)/PAWS (young people under 16) observations chart should be used and recorded in the patient notes
- Levels of hydration should be recorded in the patient's clinical record
- Staff should also be aware of and respond to the following:
  - Verbal complaints of pain and discomfort
  - Non-verbal signs of pain or discomfort (especially if communication is identified as difficult)
- NEWS2 (over 16/adults)/PAWS (young people under 16) thresholds and triggers for seeking urgent medical attention (9-999) should be observed. Particular consideration should be given to appropriate triggers and thresholds for patients with pre-existing conditions affecting baseline score.
- Contact the doctor where the patient's:
  - Temperature becomes raised (staff should also withhold the administration of any further antipsychotic medication due to the risk of neuroleptic malignant syndrome)
  - Pulse becomes irregular or falls below 60 beats per minute
  - Blood pressure drops below 80mmHg systolic.
  - Clinical presentation causes concern
- Patients with pre-existing conditions for whom violence and aggression is a consideration should have NEWS2 (over 16/adults)/PAWS (young people under 16) thresholds and triggers established with the medical team as soon as possible after admission.
- During the time the patient is asleep, a more frequent and intensive monitoring by appropriately trained staff is required and should be recorded in the clinical record. Particular attention should be paid to the patient's respiratory rate, effort, airway and level of consciousness (AVPU).
- If the patient is ambulatory but the clinical presentation and risks make it unsafe for the above monitoring to be undertaken, as a minimum, staff must continue to monitor and record respiratory rate and level of consciousness.
- Accurate record keeping is required during any episode of RT and any deviations from recommended monitoring must be recorded in the clinical notes.

5.3. Rapid tranquilisation during seclusion

If RT is used while a patient is secluded, undertake with caution observing the following additional considerations:

- Be aware of and prepared to address any complications associated with RT
- Ensure the patient is observed regularly within eyesight by staff members with the appropriate skills to do so
- Ensure physical checks are made on the sleeping patient for breathing and levels of responsiveness.

5.4. Actions Following the Use of RT

- All documentation should be reviewed to ensure accurate completion of records; patient records, NEWS2 (over 16/adults)/PAWS (young people under 16) and where indicated Section 62 forms (see below)
- Any medication administered should be recorded on the MAR chart
- The patient's response should be recorded in the patient's notes
- Adverse effects must be recorded and clinically reviewed by the doctor

- The patient's risk assessment is to be reviewed and their safety plan amended accordingly
- The patient should be reviewed at the next multidisciplinary meeting or sooner if appropriate for discussion of long term management
- The MAR chart should be reviewed within 24 hours by the patient's consultant or on-call consultant
- In cases concerning children/young people, individuals with parental responsibility should be informed of the use of RT with the consent of the child/young person.
- The use of RT to form part of the child/young person's MDT discussions with family/carers

5.4.1. Engage the patient in a review of their experience

- At a time that is appropriate to the patient their thoughts and feelings regarding the incident should be explored and documented in the RT plan. This will include:
  - Any identified triggers which led to the incident occurring
  - Could anything be done differently should a similar incident occur
  - A reflection of the patient's feelings about the incident.
- The patient should be offered the opportunity to write an account in their clinical record (NICE, 2015)
- This information should be discussed and considered by the MDT to inform future responses
- Witnesses (other patients) should be offered the opportunity to discuss their thoughts and feelings regarding the observed incident

5.4.2. Engage the staff in a review of their experience

- After the incident staff will be encouraged to share their experience and reflections relating to the episode as a team and individuals. Where indicated further support and debriefing of for staff will be facilitated in line with the Trust policy
- Ensure that all staff involved in the incident have the opportunity to discuss their experience with staff who were not involved

5.4.3. Reporting incidents in the use of intramuscular psychotropic medications

- The use of all RT must be reported on Datix under the Violence and Aggression category. "Parenteral Psychotropic Medication (Short-Acting)" should then be ticked under the "Restrictive Interventions" subheading.
- As services move to the use of Electronic Patient Records (EPR) reporting processes for restrictive interventions including RT as described by Health and Social Care Information Centre (HSCIC), will be developed in line with this policy and national reporting requirements using the EPR
- Once the risks of harm have been contained, all reports should be reviewed by the Modern Matron in conjunction with the charge nurse/unit manager
- Factors that contributed to the incident that led to RT should be determined and any factors that can be addressed quickly to reduce the likelihood of a further episodes identified

5.5. Legal Issues

If a patient refuses or lacks the capacity to give valid consent to treatment for mental disorders, they may be given treatment using reasonable restrictive interventions, in an emergency situation or where the treatment is deemed to be in their best interests. This applies to both informal and detained patients. For further guidance on best interests, staff are advised to refer to the Mental Capacity Act 2005, Code of Practice.

Patients detained under the Mental Health Act 1983 and subject to Part IV of the Act may in some circumstances be treated against their will regardless of their ability to give consent, or withhold consent.

Section 58 outlines treatment where either a patient with capacity has consented to a proposed treatment or a second opinion appointed doctor has established. This includes treatment with medication for patients who are subject to the three months' consent to treatment rules.

If the patient is subject to Section 58 and either has not consented to treatment or the treatment has not been authorised by the Second Opinion Approved Doctor (SOAD), it may be given if required urgently under Section 62 if it is treatment that is immediately necessary:

- To save the patient's life; or
- To prevent a serious deterioration of their condition (provided the treatment is not irreversible); or
- To alleviate serious suffering by the patient (provided the treatment is not irreversible or hazardous); or
- And represents the minimum interference necessary to prevent the patient from behaving violently or being a danger to themselves or others (provided the treatment is not irreversible or hazardous). See Mental Health Act Code of Practice, 2015.

Section 62 can only be authorised by the patient's Responsible Clinician and only applies to urgent situations where treatment is immediately necessary. The Responsible Clinician must complete the relevant Section 62 form.

Urgent treatment cannot be continued beyond the point at which the crisis has been brought to an end. However, even detained patients are subject to the best interest provisions and so treatment could be justified by these provisions.

5.6. Licensing of medicines

Many medications used in children and adolescents, particularly in hospital settings are prescribed 'off label' (outside the condition of the licence).

Doctors are allowed to prescribe 'off label' and this is covered by the Human Medicines Regulations (2012) and the EC pharmaceutical directive 89/341/EEC. Check with the Trust Pharmacy and or CAMHS consultant if concerned.

There needs to be particular caution when considering high-potency antipsychotic medication (such as haloperidol) in children and young people, especially those who have not taken antipsychotic medication before, because of the increased risk of acute dystonic reactions and laryngeal spasm in that age group In children a single dose of antipsychotic may lead to neuroleptic malignant syndrome in the child/adolescent.

Caution needs to be exerted in pre-pubertal children where liver enzyme (e.g. Cytochrome P450) is more active and the metabolism quicker and the tablet half-life shorter. Brain neurotransmitters often have different functions, for example, in young children mono-amine secreting neurones have an effect on brain growth rather than as neuro-transmitters.

5.7. Staff Training

- All staff involved in the delivery of RT medication must receive relevant DMI training which is the Trust approach to managing violent behaviours
- Specific face to face RT training should be completed prior to undertaking RT.
- Pharmacists provide regular updates to junior doctors annually, and include RT Training during the Junior Doctor Induction every four months.

5.7.1. Components of staff training

- All staff involved in the management of RT should receive training that incorporates the following:
- Immediate Life Support (ILS)
- Resuscitation Policy
- Safe and Secure Handling of Medicines
- Physical Health Monitoring and use of the NEWS2 (over 16/adults)/PAWS (young people under 16)
- Assessing levels of hydration

- De-escalation Management and Intervention (DMI) training (full five day course on induction; two day update from 12-18 months thereafter)

5.8. Staffing and Equipment

Each inpatient psychiatric ward should:

- Have defined staff to patient ratios and numbers of staff required to undertake restrictive interventions
- Ensure restrictive interventions are only be used if there are sufficient numbers of trained staff available
- Ensure the safety of staff during the use of restrictive interventions, including the avoidance of injuries from needles during rapid tranquilisation
- Ensure registered nurses and medics are trained in immediate life support (ILS)
- Ensure that equipment and medication for resuscitation is immediately available if restrictive interventions are to be used including the following:
    - Automatic external defibrillator
    - Bag valve mask
    - Oxygen
    - Cannulas
    - Intravenous fluids
    - Suction
    - CPR kit
- Ensure a copy of the most up to date antipsychotic dose ready reckoner is available
- All equipment and medication for resuscitation should be checked daily

6. EQUALITY AND DIVERSITY

In addition to the requirements already outlined within the policy:

- Staff should ensure that those who have barriers to communication are provided with resources and information to enable them to exercise the same informed decisions as those without such barriers
- Staff must be aware of national data that demonstrates that BME groups are more likely to be treated with RT than other groups (NICE NG10) and take this into account when assessing such individuals.
- An Equality and Diversity Impact Assessment has been carried out on this document using the Trust-approved EIA.

7. MENTAL CAPACITY

For patients assessed as lacking the capacity to consent to rapid tranquilisation practitioners should satisfy themselves that the use of RT is in the patient's best interests. Where necessary a best interest meeting should be held.

The Trust supports the following principles, as set out in the Mental Capacity Act and has applied them in the development of this policy:

- A person must be assumed to have capacity unless it is established that they lack capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act completed, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
- Before the act is completed, or the decision made, regard must be had as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

- Young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there is significant evidence to suggest otherwise. Procedures for establishing mental capacity to consent to specific decisions/actions, and where appropriate, best interest procedures, should be followed.
- For children under 16 years it should be assessed whether they have enough understanding to make up their own mind about the benefits and risks of treatment – this is termed 'Gillick competence'.
- A parent or guardian with 'Parental responsibility' cannot override a competent child's refusal to accept treatment.

8. IMPLEMENTATION

This policy will be disseminated by the method described in the Policy and Procedural Documents Development and Management Policy.

9. MONITORING AND AUDIT

The mechanisms for the reporting and monitoring of this policy are set out in section 5.4.3 Reported incidents levels of training compliance in relation to RT and ILS will be collated and reported on a quarterly basis, or more frequently as required. All incidents of RT will be audited by the Matron using the audit tool within My Assure with actions discussed with the Ward Team as a point of learning. These reports will be presented to the Divisions, Mental Health Legislation Steering Group and the Drugs and Therapeutics Group.

10. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

10.1. References and Evidence

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10.2. Abbreviations

- **AVPU**: Alert, Voice, Pain, Unresponsive
- **BP**: Blood Pressure
- **ECG**: Electrocardiogram
- **EPR**: Electronic Patient Record
- **IM**: Intramuscular injection
- **IV**: Intravenous injection
- **ILS**: Intermediate Life Support
- **MDT**: Multidisciplinary Team

- **MAR**: Medicines Administration Record
- **NEWS** 2: National Early Warning Score – standard method for assessing acute illness
- **PAWS**: Paediatric Advanced Warning Scores
- **PRN**: pro re nata (when needed – see definitions)
- **Resp**: Respirations
- **RT**: Rapid Tranquilisation (see definitions)
- **SOAD**: Second Opinion Appointed Doctor

10.3. Definitions

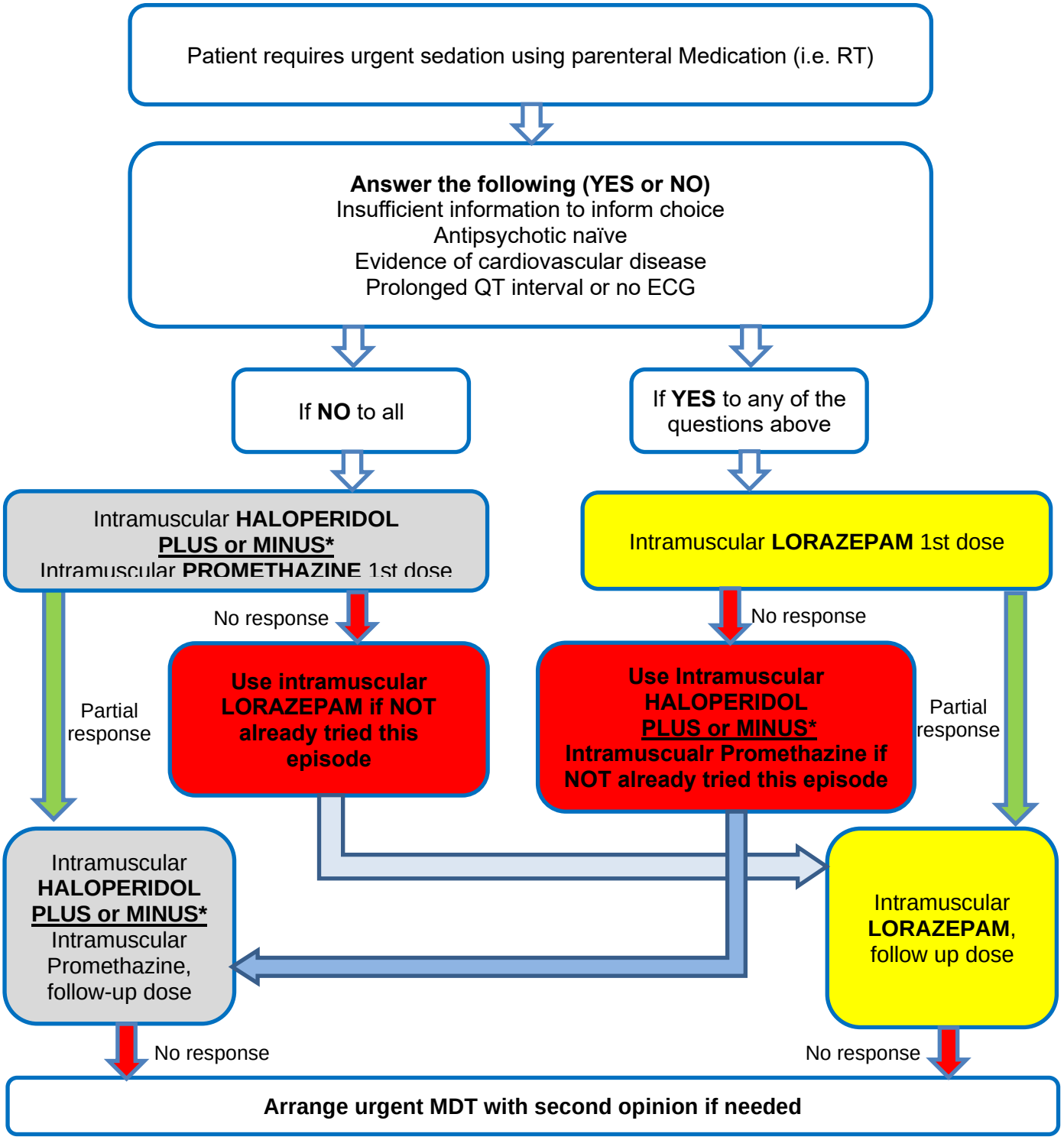
- **Advance decision**: A written statement made by a person aged 18 or over that is legally binding and conveys a person's decision to refuse specific treatments and interventions in the future
- **Advance statement**: A written statement that conveys a person's preferences, wishes, beliefs and values about their future treatment and care. An advance statement is not legally binding.
- **Advocate**: A person who represents someone's interests independently of any organisation, and helps them to get the care and support they need.
- **De-escalation**: The use of techniques (including verbal and non-verbal communication skills) aimed at defusing anger and averting aggression. PRN medication can be used as part of a de-escalation strategy but PRN medication used alone is not de-escalation.
- **Depot or Long Acting Antipsychotic Medications**: medications administered at weekly to 6 weekly intervals that provide a slow release of medication
- **Intermediate acting intramuscular injection**: injections that may have a longer duration of action (e.g. zuclopenthixol acetate)
- **Psychotropic**: Medications that affect a person's mental state that are included in Chapter 4 of the British National Formulary (BNF).
- **PRN (pro re nata – when needed)**: PRN refers to the use of medication as part of a strategy to de-escalate or prevent situations that may lead to violence or aggression; it does not refer to PRN medication used on its own for RT during an episode of violence of aggression
- **Rapid Tranquilisation (RT)**: the use of parenteral medication to manage disturbed aggressive or violent behaviour, to urgently sedate the patient and to optimally reduce the risk to the patient, others and/or the environment.
- **Short acting intramuscular injection**: injections expected to have a rapid onset and short duration of action
- **Violence and aggression**: A range of behaviours or actions that can result in harm, hurt or injury to another person, regardless of whether the violence or aggression is physically or verbally expressed, physical harm is sustained or the intention is clear.

NB: This policy is a requirement by the NHSLA Ref Standard 4 – Criterion 1.

11. RELEVANT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

- Physical Restraint Policy
- Seclusion Policy
- Safe and Secure Handling of Medicines Procedure
- Management of Violence and Aggressive Behaviour Policy
- Resuscitation Policy
- Supportive Engagement and Observation Policy and Guideline
- Mental Health Act
- Mental Capacity Act
- Medical Emergency Procedure
- Treatment of Drug and Alcohol Withdrawal
- Serious Incidents and Significant Events Policy and Procedure
- High Dose Antipsychotic Guidelines
- Consent Policy

Appendix 1: Flowchart for Adults over 18 Years (for patients aged 13-18 years see Appendix 3)



Monitor and record the following, every 15 minutes for the first hour using the RT Short interim IM med plan within Lorenzo and NEWS2 (over 16/adults)/PAWS (young people under 16) Chart: Response to medication, side effects, respiratory rate, saturation levels, temperature, blood pressure, heart rate, level of consciousness, and level of hydration.

Notes to consider

For first prescriptions of RT write a single dose until effect is reviewed by the doctor.

* - NICE recommends that haloperidol is used in conjunction with promethazine. Where this is deviated from due to clinical reasons, this should be recorded clearly in the patient's record

Caution: Elderly and physical ill or frail patients require lower doses; often between QUARTER to HALF of the standard adult dose (refer to BNF guidelines for specific medication). **Remember**; different doses equivalences for oral and intramuscular medications when calculating concurrent doses.

When prescribing intramuscular haloperidol considering using anticholinergic medication.

Appendix 2: Physical Health Monitoring and Restrictive Practice: Overview of Requirements

	Rapid Tranquilisation	Prone Restraint	Restraint	Seclusion
Minimum requirements	Every 15 minutes for the first hour (NEWS2 (over 16/adults)/PAWS (young people under 16)	Every 15 minutes for the first hour (NEWS2 (over 16/adults)/PAWS (young people under 16)	60 minutes after restraint has commenced Once only (NEWS2 (over 16/adults)/PAWS (young people under 16)	Every formal seclusion review (2 hourly intervals) (NEWS2 (over 16/adults)/PAWS (young people under 16)
Caution	All patients treated as high risk of physical complications when administered RT 13-18 years – Every 15 minutes for the first hour + NEWS2 (over 16/adults)/PAWS (young people under 16)	Prone and RT is very high risk NEWS2 (over 16/adults)/PAWS (young people under 16) **MUST** be undertaken every 15 minutes	If concerned, contact medic for advice and agree ongoing monitoring plan Restraint + RT = 15 minutes NEWS2 (over 16/adults)/PAWS (young people under 16) for first hour	Additional observations may be required in line with personal health assessments, e.g. diabetes
Review	Must be seen by a medic within the hour, agree ongoing NEWS2 (over 16/adults)/PAWS (young people under 16) and observations	Must be seen by a medic within the hour, agree ongoing NEWS2 (over 16/adults)/PAWS (young people under 16) and observations	Must be reviewed by a medic within 24 hours	As per formal review schedule
Refusal	All refusals to allow NEWS2 (over 16/adults)/PAWS (young people under 16) to be carried out **MUST** be recorded on the NEWS2 (over 16/adults)/PAWS (young people under 16) chart and in the clinical record at the required time interval. Attempts should continue in line with required monitoring and ongoing refusals recorded. Alternative clinical indicators MUST be recorded in lieu of NEWS2 (over 16/adults)/PAWS (young people under 16): Observe Respirations, Consciousness Level (AVPU), facial pallor, activity levels and behaviour			

If more than one restrictive practice is utilised, monitor at the most frequent requirement e.g. if Seclusion and Prone Restraint, monitor in line with Prone restraint requirements.

Appendix 3: Guidance for Young People aged 13-18 years who require the Administration of Rapid Tranquilisation during their Admission

Under usual circumstances a Mental Health Act assessment should be undertaken prior to the administration of Rapid Tranquilisation. Where possible, consent to treatment should be sought in advance at the point of admission.

Rapid Tranquilisation is not a routine intervention and is only used in exceptional clinical circumstances when less restrictive practices are not applicable and the young person is at risk of significant harm to self or others

During an admission of a young person the CAMHS consultant who is the Responsible Clinician for the young person's care on the ward should be consulted before RT is prescribed and administered.

Lorazepam should be the drug of choice for rapid tranquilisation in patients 13 to 18 years of age. Antipsychotics should be avoided in young people who have never had antipsychotics before. Lorazepam is not licensed for Rapid Tranquilisation in under 18 years. It is licensed for other indications, so is being used off licence. If possible this should be explained to the young person and the person with parental responsibility. Many of the medications used in children are licensed for adults and not children and is it important to explain this to parents.

The dose given should be estimated on the basis of age and size and is usually half of the recommended dose for an adult. For lorazepam this is 0.5-1mg intramuscularly. This can be repeated once only after 30-60 minutes.

For other options with regard to rapid tranquilisation in young people aged 13-18 years please see the flowchart on the next page

Physical monitoring should be carried out as per adult guidelines (section 5.2.1).

If the respiratory rate falls below 12 breaths per minute or the oxygen saturation falls below 90% instigate immediate life support and dial 9-999 for blue light transfer and treatment to Accident and Emergency.

One to one observation is necessary throughout the period of tranquilisation.

Always review contraindications with other medications that the young person may be taking.

Discuss with the young person if possible the potential side effects of the medication.

Where possible and appropriate discuss actions with the young person's family/carer.

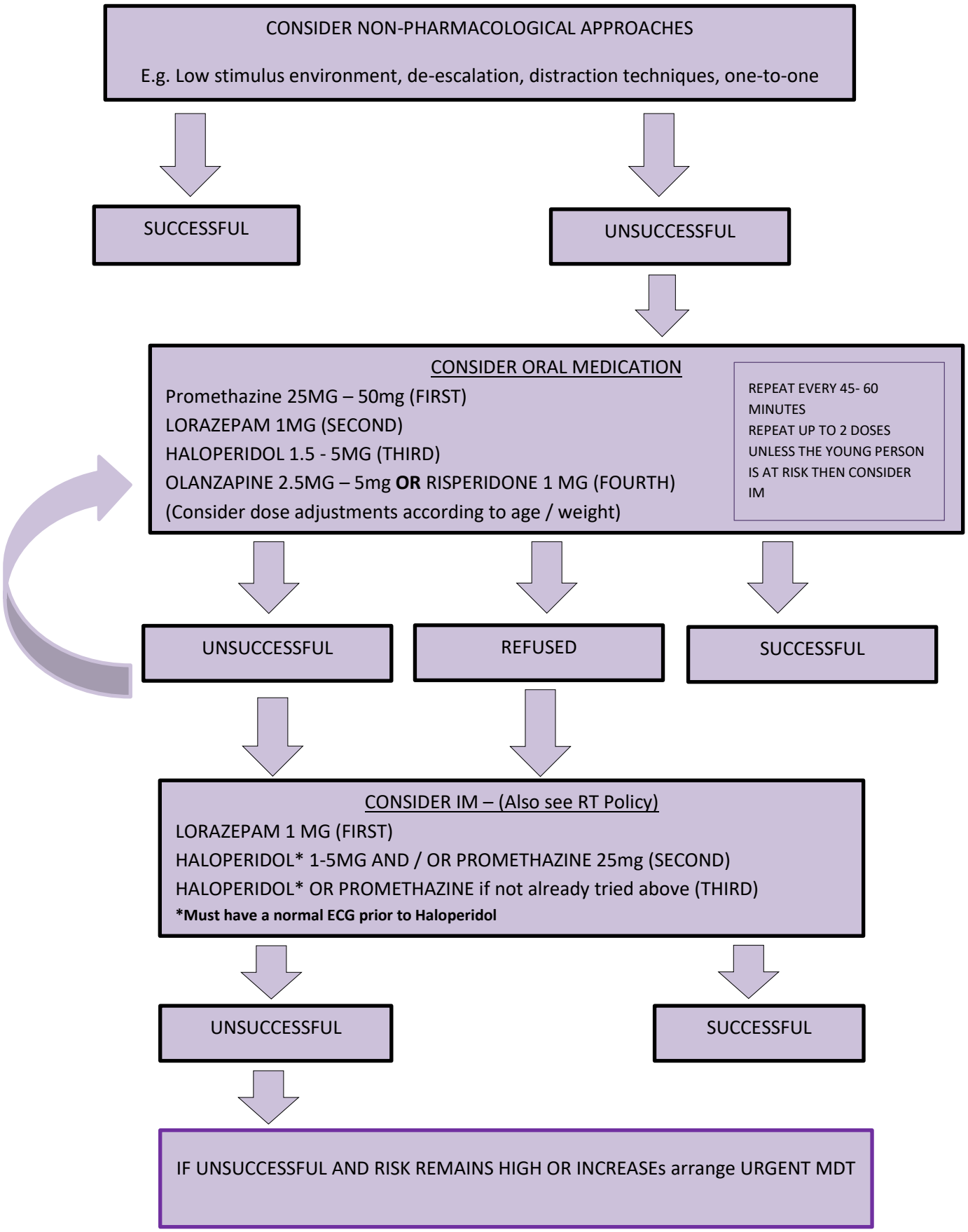
Avoid using rapid tranquilisation in children and adolescents who are physically unwell, delirious or have significant respiratory impairments or a history of respiratory impairment with the use of benzodiazepine; or young people who are on anti-epileptic medications.

Care should be taken where there are concerns about young people who are felt to be under the influence of street drugs.

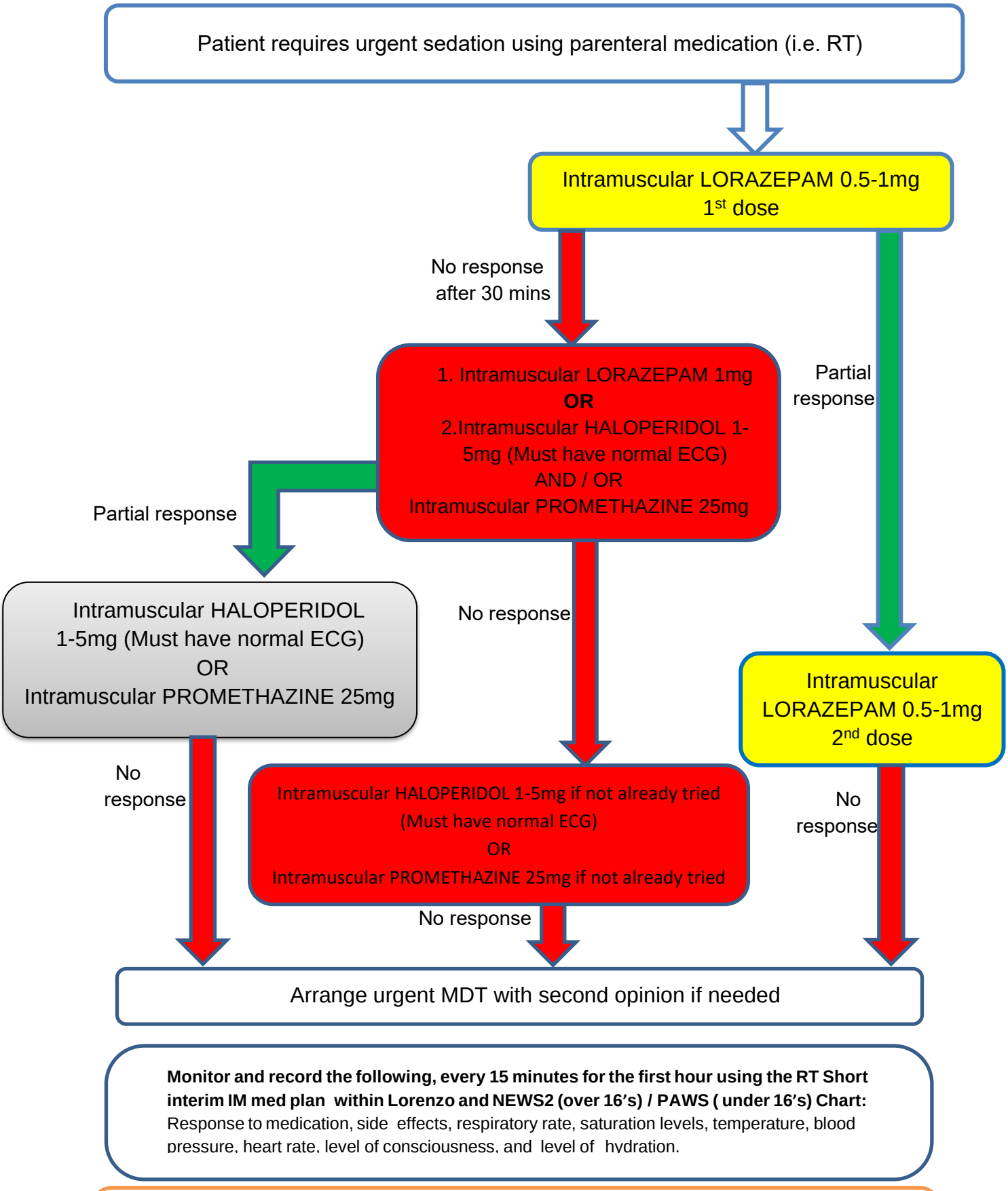
After the treatment of an acute disturbance the staff should also discuss the management and treatment given to the child/adolescent with the parents/carers.

Clear defensible documentation of the decision, the monitoring and any adverse effects should be held within the child's medical file and any future discharge summary.

Management of Highly Distressed Patients within Inspire



Flowchart for young people aged 13-18 years



Monitor and record the following, every 15 minutes for the first hour using the RT Short interim IM med plan within Lorenzo and NEWS2 (over 16's) / PAWS (under 16's) Chart:
Response to medication, side effects, respiratory rate, saturation levels, temperature, blood pressure, heart rate, level of consciousness, and level of hydration.

Notes to consider:
For first prescriptions of RT write a single dose until effect is reviewed by a doctor. When prescribing intramuscular Haloperidol consider using anticholinergic medication.
In an EMERGENCY undertake ILS and dial 999

Consent in under 18 year olds

The legal position concerning consent and refusal of treatment by those under the age of 16 is different from that of adults.

The Mental Capacity Act does not apply to young people under the age of 16, however, children under the age of 16 can consent to or refuse their own treatment if they are judged to have the competence and understanding to fully appreciate what is involved in their treatment.

Where a young person is detained under the Mental Health Act, consent and treatment are covered within the appropriate section of The Mental Health Act.

Young people (aged 16 or 17) are presumed to have sufficient capacity to make decisions regarding their own medical treatment, unless there is significant evidence to suggest otherwise. The procedures for establishing mental capacity to consent to specific decision/action, and where appropriate best interest procedures, should be followed.

For children who are under 16 years the MCA does not apply. Instead an assessment should be undertaken to establish if they have enough understanding to make decisions regarding the benefits and risks of treatment – this is termed 'Gillick competence'. Children under 16 who are not Gillick competent cannot either give or withhold consent to treatment. People with parental responsibility need to make the decision on their behalf (Brief guide BG004 Dec 2017). If a parent refuses to give consent to a particular treatment, this decision can be overruled by the courts if treatment is thought to be in the best interests of the child.

Those with 'Parental responsibility' cannot override a competent child's refusal to accept treatment.

Where a competent child under 16 refuses a specific treatment which is in their best interests, but the parents support the recommendation for treatment, there should be evidence of that providers have attempted to understand both the child's and parents' position. There should also be evidence that alternative treatments have been considered or a compromise is possible. However, ultimately the decision rests with the competent child (Brief guide BG004 Dec 2017).

Further guidance can be found in the Trust's consent policy. Humber safeguarding team and respective local authority safeguarding teams may advise on complex situations.

References for Appendix 3

1. Royal College of Psychiatrists CPD online module "Rapid tranquilisation in children and adolescents"
2. NICE (2015) "Violence and aggression: short term management in mental health, health and community settings". NG10.
3. NICE (2005) "Violence: The short term management of the disturbed/violent behaviour in inpatient psychiatric settings and emergency department

Appendix 4: Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Rapid Tranquilisation Policy		
Document Purpose	This policy and guideline is intended to support the use of appropriate, safe and effective Rapid Tranquilisation (RT) medication within inpatient settings within the Trust.		
Consultation/ Peer Review:	Date:	Group / Individual	
list in right hand columns consultation groups and dates	February 18 October 19	Drug and Therapeutics Group Modern Matrons Ward Managers Trish Bailey Jackie Stark Albert Williams Weeliat Chong Paul Warwick Beth Griffiths Kerry Boughen	
	May 2018 August 19 January 2024	QPaS QPaS Jessica Slingsby Dr Richard Ward Alberto Ortiz-Moya Melissa Turner	
Approving Committee:	QPaS	Date of Approval:	
Ratified at:	N/A – minor amends	Date of Ratification:	N/A – minor amends
	N/A – minor amends		N/A – minor amends
Training Needs Analysis: *(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)*	Training is offered as part of current programme	Financial Resource Impact	
Equality Impact Assessment undertaken?	Yes [✓]	No [ ]	N/A [ ] Rationale:
Publication and Dissemination	Intranet [✓]	Internet [ ]	Staff Email [ ]
Master version held by:	Author [ ]	HealthAssure [✓]	
Implementation:	*Describe implementation plans below*		
	• Dissemination to staff via Global email • Teams responsible for ensuring policy read and understood		
Monitoring and Compliance:	Reported incidents levels of training compliance in relation to RT and ILS will be collated and reported on a quarterly basis, or more frequently as required. These reports will be presented to Care Groups, Mental Health Legislation Steering Group, Drugs and Therapeutics Committee and Quality and Patient Safety Committee.		

Document Change History:			
Version Number / Name of procedural document this supersedes	*Type of Change i.e. Review / Legislation*	*Date*	*Details of Change and approving group or Executive Lead (if done outside of the formal revision process)*
1.00	*New policy*	*2005*	*New policy created*
2.00	*Review*	*Sept 10*	*Policy reviewed with major changes*
3.00	*Review*	*May 16*	*Major review and changes* *Policy and guidelines combined*
4.00	*Review*	*Sept 16*	*Adoption of new flowchards (Figs. 1,2 and 3)* *New introduction and Policy on page* *Additional informaiton added in most sections* *Added legal section* *Added form to monitor and report RT (Appendix 1 RT Plan)* *Split previous flowchart (Appendix 2)*
5.00	*Review*	*April 17*	*Simplification of policy* *Policy for Rapid Tranquilisation only*

			Monitoring of patient post RT *15 minutes for first hour ALL patients*
5.01	*Review*	*Aug 17*	*Addition of Appendix 3 for Rapit Tranquilisation for 16-18 year olds*
5.02	*Review*	*Feb 18*	• *Updates the role of clinical pharmacist following administration of RT* • *Review of monitoring by Modern Matrons and confirmation of removal of figures 1 to 3* • *Updated reference to paper Rapid Tranquilisation plan to be replaced by the 'RT Short interim IM Med plan' within*

5.03	*Review*	*May 18*	• *Removal of Fig1 – 3 and RT plan*
			• *Updated to use Lorenzo RT Plan*
			• *Review ;process on Datix – when the review has been undertaken the Charge Nurse/Unit Manager will indicate such by finally apprvoing in Datix*
			• *Responsilities of Pharmacy Staff – participate in MDT reveiws of patietns who have recevied RT and review the management of any current epidosed of RT during routine visits*
			• *Update that:*
			  • *medication adminsitered should be recroded on the MAR chart*
			  • *the patient's response should be recorded in the patient's notes*
			• *Definition of SOAD (Second Opinion Appointed Doctor) added*
			References updated

5.04	*Review*	*October 2019*	*Minor changes to reflect CAMHs inpatient service*
5.05	*Minor amendment*	*December 2019*	*Addition of "(NEWS2 (over 16/adults)/PAWS (young people under 16)" to the minimun requirements section in Appendix 2.*
5.06	*Minor amendment*	*February 2020*	*Change of age for Appendix 3 from 16-18 years to 13-18 years and removal of the wording 'atypical or emergency' from the appendix title*
5.07	*Review*	*January 2021*	*Amendments made to section 5.2. Intramuscular Medication for RT.*
5.08	*Amendment*	*March 2021*	*Addition of the flowchart for the Management of Highly Distressed Patients within Inspire to Appendix 3.*
5.09	*Review*	*February 2024*	*Updated reference list and no modifications needed due to updated references.* *Added clarification for post RT monitoring, indicating the medic will need to set the monitoring frequency required after medical review, and plan communicated and agreed with staff.* *Approved at DTG and then QPaS (22 February 2024).*

Appendix 5: Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Rapid Tranquilisation Policy
2. EIA Reviewer (name, job title, base and contact details): Nicola Sparling. Interim Assistant Director of Nursing, Patient Safety and Quality Assurance
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Policy

Main Aims of the Document, Process or Service		
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma		
Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender reassignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Medium	Potential discrimination to young adults under 18(The RT policy does not apply to children or early year). The policy does make provision for older people.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental Health (including cancer, HIV, multiple sclerosis)	Medium	The need to supply information in different formats has been identified and is made explicit in the policy wording.
Sex	Men/Male Women/Female	Low	Possible issues identified regarding physical examination and the provision of same sex chaperones and medical officers for the staff and individual assed for RT.
Marriage/Civil Partnership		Low	No potential to discriminate is identified.
Pregnancy/Maternity		Medium	The policy does not make recommendations on the treatment of pregnant or post-partum individuals as the decision to prescribe RT and the selection of medication is made on individual clinical need.
Race	Colour Nationality Ethnic/national origins	Medium	The potential to discriminate can have negative outcomes due to cultural beliefs and behaviours. Evidence suggests that there is

			misinterpretation of levels of aggression in BAME groups. The need to supply information in different languages has been identified but this needs to be made explicit in the policy wording.
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Medium	There is potential to discriminate on the grounds of religion and belief as velotabs and quicklet formulations contain bovine gelatine. This may affect Muslims, Hindus, Jews, vegans and vegetarians There is potential to discriminate on the grounds of religion as Muslims may be fasting.
Sexual Orientation	Lesbian Gay men Bisexual	Low	No potential to discriminate is identified.
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	No potential to discriminate is identified.

Summary

Please describe the main points/actions arising from your assessment that supports your decision above There was medium potential to discriminate in five areas. Each area has a specific action within the policy to address the potential for discrimination.	
EIA Reviewer: Alberto Ortiz-Moya	
Date completed: 25 January 2024	Signature: Alberto Ortiz-Moya