Risks Associated with Rapid Tranquillisation: An Overview

Lewys Beames
Lead Nurse, Reducing Restrictive Practice – South London and Maudsley NHS Foundation Trust
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• Definitions and Purpose
• Context
• Physical Risks
• Psychological Risks
• Special circumstances
Defining Rapid Tranquillisation

‘the use of medication by the parenteral route (usually intramuscular or, exceptionally intravenous) if oral medication is not possible or appropriate urgent sedation is required’ NICE (2015b)
Purpose

Aim:

1. Achieve a state of calmness without sedation, sleep or unconsciousness
2. Reduce the risk to self and/or others
3. Maintain the ability of the patient to respond to communication

(NICE, 2005)
Medicines used for RT

Benzodiazepines
- Lorazepam IM/IV
- Midazolam IM/IV
- Diazepam IM/IV

Anti-psychotics
- Aripiprazole IM
- Olanzapine IM/IV
- Haloperidol IM
- Droperidol IM/IV

Anti-histamines
- Promethazine IM
RT in Context
Patient risk factors:
• pre-existing physical health conditions – known/ unknown
• Substance misuse/ intoxication/ tolerance
• Medication naïve/ previous response to medicines – adverse effects
• Physical state – stressed – physiological arousal

Organisational risk factors:
• Habituation
• Perception of risk of use of PRN, RT, Physical Restraint
• Variable physical health competence.
• Use of bank/ agency – familiarity if patient profile, monitoring requirements.
RT in Context
Risks Pre-RT

What is the baseline?
• Pro re nata (PRN)
• Medication interactions with regular medications
• Total daily dose

Physical Restraint?
Assault/ injury?
Risks Associated with RT – Administration

How to Give an Intramuscular Shot

1. Use an alcohol swab to clean the skin where you will give the shot.
2. Hold the muscle firmly and insert the needle into the muscle at a 90° angle (straight up and down) with a quick firm motion.
3. After you insert the needle completely, release your grasp of the muscle.
4. Gently pull back on the plunger of the syringe to check for blood. (If blood appears when you pull back on the plunger, withdraw the needle and syringe and gently press the alcohol swab on the injection site. Start over with a fresh needle.)
5. If no blood appears, inject all of the solution by gently and steadily pushing down the plunger.
6. Withdraw the needle and syringe and press an alcohol swab gently on the spot where the shot was given.
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<th>Risks Associated with RT – Post Administration</th>
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<td>Medication related risk</td>
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<td>Extrapyramidal Side-Effects (Oculogyric Crisis, Akathesia)</td>
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<td>Reduce seizure threshold</td>
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<td>Neuroleptic Malignant Syndrome (NMS)</td>
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<td>Allergic Reaction</td>
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Risks Associated with RT – Post Administration

- **Tmax** – peak plasma levels
  - Oral = hours
  - IM = minutes
  - IV = seconds

- Peak for adverse effects
- Lag – onset of action
Monotherapy vs. Combinations

What if RT doesn't work?
Risks Associated with RT – Post Administration

• Combinations
  Antipsychotics – prolonged QT
  Overlapping or adjacent Tmax

• High dose
  Calver et al., (2013):
  High dose Vs. standard dose - IM haloperidol, IM droperidol or IM midazolam
  Findings:
  High-dose sedation did not result in more rapid or effective sedation
  Associated with double the incidence of side effects, specifically hypotension and oxygen desaturation.
Psychological Risks - Trauma

Trauma and Mental Health
• Trauma linked to adult psychosis and other forms of mental distress (Bentall et al., 2014; Fisher et al., 2010; Kessler et al., 2010; Paradies, 2006; Varese et al., 2012).

Retraumatisation in the Mental Health System
• Present experience reminiscent of a past traumatic event.
• Current event or trigger often evokes the same emotional and physiological responses associated with the original event.
• People are not always aware that their current distress is rooted in past events, nor do all people relive the original event in a logical, coherent manner (Durant, 2011).

The Mental Health System and Retraumatisation
• Potential to retraumatise survivors through its use of coercion and control (Bloom and Farragher, 2010).
• Includes overt acts - restraint and forcibly medicating an individual RT
• Less palpable retraumatisation, such as pressure to accept medication – powerlessness

Sweeney et al, (2016)
Modifiers, Special Settings and Circumstances

- Pregnancy
- Children and Adolescents
- PICU
- Place of Safety (136 Suite)
- Older Adults
- Intoxication
- Seclusion
Summary

• Rapid Tranquillisation seen as a high level, significant intervention
• Wide range of physical risks – patient and medication factors
• Potential for psychological harm – trauma and retraumatisation
• Must consider layering or combination of risks
• Important to acknowledge the role organisational/cultural factors in RT
Thank you

lewys.beames@slam.nhs.uk | @lewysbeames