

Clinical scenario

Which RT would you recommend in a patient newly diagnosed with psychosis in a ward that has a flu outbreak?

Clinical scenario

- What questions do you need to ask?
- Would you go for oral or RT?

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- Would you go for oral or RT?
- Breakout group 1 - lorazepam
- Breakout group 2 - haloperidol
- Breakout group 3 - olanzapine
- Breakout group 4 - promethazine

15mins to discuss then nominate 1 person to feedback to the whole group

SmBARD

- **Situation**
 - Where
 - Who - patient
 - Current presentation/concern
- **Medicines**
 - Review doses, current treatment, recently started or stopped.
- **Background**
 - Patient's reason for situation (drugs/alcohol)
 - Significant medical history
 - admitting diagnosis, date of admission, prior procedures, current medications, allergies, pertinent laboratory results and other relevant diagnostic results. For this, you need to have collected information from the patient's chart, flow sheets and progress notes.
- **Assessment**
 - Vital signs
 - Clinical impressions, concerns
- **Recommendation/s**
 - Explain what you need - be specific about request and time frame
 - Make/discuss suggestions
 - Clarify expectations
- **Decision**

Choice of rapid tranquillisation agent



- Psychotropic medications, especially benzodiazepines, can cause **respiratory depression**.
- Wherever possible the treatment of an **underlying mental health disorder** should be continued.
- If a patient with suspected or diagnosed COVID-19 is acutely disturbed, and there are **no signs of respiratory compromise (decreased or increased respiratory rate), cardiovascular disease or decreased level of consciousness**; then medication can be used with caution as the full effects of COVID-19 are still unknown.

Managing acute disturbance in the context of COVID-19

2020

Revised 15 December 2020 [major revision: 5.23, 5.40, 5.41, 5.49, 5.55, 5.62–5.67, 6.1–6.10 new; 1.9, 2.3, 2.5, 2.13–2.15, 3.3, 3.10, 4.1, 4.19, 5.18, 5.22–5.81, Appendix 2 updated]

Revised 11 May [2.5 updated]

Revised 10 April [2.21–2.23, 5.53–5.71 added; 5.52 updated]

Revised 31 March 2020 [3.12 added]

Revised 26 March 2020 [4.7, 4.19 updated]

Choice of rapid tranquillisation agent



- Consider **short-acting medication** as a patient's physical health condition may rapidly deteriorate.
- Ensure the medication for acute disturbance is an **effective dose** as an ineffective dose may lead to the increased need for additional doses or medications.
- Where possible, **oral medication is preferred and should be offered as the first choice**. Parenteral medication (RT) is also more likely to cause dose related side effects such as respiratory depression, postural drop, QTc prolongation and extra-pyramidal side effects (EPS).

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Medicine	Route	Onset of effect	Time to peak effect	Bioavailability	Duration of action	Elimination half life
Aripiprazole	Oral	NR	3-5 hours	87%	18-24 hours	75-146 hours
	IM	30-45 mins	1-3 hours	100%		
Diazepam	Oral	NR	30-90mins	76%	12-24hours	1-5 days (biphasic)
	IV	5-10 seconds	<1 min	100%		12-24 hours
Haloperidol	Oral	1-2 hours	2-6 hours	60-70%	18-24hours	13-40 hours
	IM	15-30 mins	20 mins	100%		
	IV	seconds/minutes	seconds/minutes	100%		
Lorazepam	Oral	20-30 mins	2 hours	100%	6-8hours	12 -16 hours
	IM	15-30 mins	60-90 mins	100%		
Midazolam	Buccal	NR	30 mins	75%	? Few hours	30mins – 3.5hours
	IM	<15 mins	30 mins	100%		4 hours
Olanzapine	Oral	≈ 2 hours	5-8 hours	None	24 hours	31-52 hours
	IM	15-30 mins	15-45 mins			
	IV	5-10 mins	seconds/minutes			
Promethazine	Oral	≈ 2 hours (15-30 mins)	2-3 hours	None	2-8 hours	5-14 hours
	IM	30-60 mins	1-2 hours			

Choice of rapid tranquillisation agent

Benzodiazepines

- Benzodiazepines should not be used when a patient has **acute pulmonary insufficiency**.
- **Lorazepam** would be the preferred benzodiazepine (shorter peak concentration and half-life).

Antipsychotics

- **Febrile individuals** with a history of seizures may have their seizure threshold altered by some medications.
- Antipsychotics have been associated with an **increased pneumonia**, especially with a recent commencement of antipsychotic, higher antipsychotic dose and antipsychotic polypharmacy.
- **Zuclophenthixol acetate** (Clopixol Acuphase®) should be used with extreme caution, in any situation, due to its longer onset of action with increased sedation and respiratory depression.

Choice of rapid tranquillisation agent

Antihistamines

- Promethazine should be used with caution in **asthma, bronchitis or bronchiectasis**.
- Promethazine is an antihistamine with anticholinergic properties, so theoretically could reduce the immune response and thicken or dry lung secretions. Nevertheless there is **no current evidence** of an increased risk when using promethazine in a patient with suspected or diagnosed COVID-19. When using promethazine for acute disturbance the use is generally as a single dose, therefore lowering this risk.

Other medication issues

Be aware of drug interactions in patients prescribed physical health treatments; e.g. clarithromycin can prolong the QTc and should be used with caution with antipsychotics.