

Monitoring of physical health, review of response and debriefing

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Why Monitor?

A plethora of adverse effects are associated with the drugs used in RT including cardiac effects, extrapyramidal effects (EPSE), respiratory depression, seizures, sedation progressing to loss of consciousness, hypotension and neuroleptic malignant syndrome. Of particular concern are sudden cardiac death, arrhythmias and acute dystonic reactions which can all be associated with the antipsychotics (NICE, 2005).



Title	Author	Theme/Findings
<i>Ensuring patient safety: Physical health monitoring in rapid tranquillisation for aggression and violence of adult acute inpatients</i>	R. Talukdar , M. Ludlam , L. Pout , N.P. Lekka	Poor rate of monitoring, no clinical evidence. Only 8.8% had post RT monitoring, only 1% had full physical health monitoring.
<i>A review of the practice and position of monitoring in today's rapid tranquilisation protocols</i>	Innes, J. and Iyeke, L. (2011)	No consistency in findings, no regular monitoring
<i>Assessment of physical monitoring following rapid tranquillisation: a national survey</i>	Benjamin Loynes, James Innes & Stephen Dye (2012)	Worryingly low level of post RT monitoring. No Consensus as to frequency. Less than a third reported monitoring.
<i>The administration of psychotropic PRN medication in Scottish psychiatric intensive care units</i>	Gazala Akram, Anton Slavin & Paul Davies (2014)	Low rate of Post RT Monitoring. Poor documentation. No National guidelines.

Why Monitor?

- Adverse effects of drugs commonly used in RT
- Existing underlying health
- Non-medication related risks i.e restraint
- Effect of medication, reviews.



What to monitor- NEWS

Monitor:

- temperature
- pulse
- respiration rate
- blood pressure
- level of hydration
- level of consciousness
- .



Non-contact monitoring

There are occasions when undertaking NEWS observations are not practically possible

Non-contact observations should be carried out

CQC guidance states

“If full monitoring is impractical, do staff document clearly the reasons why and ensure a minimum observation of respiration and level of consciousness?”

CQC 2018

Observation	Contact	Non-Contact
Airway	Look inside mouth, Pulse Ox	Listen. Snoring, gurgling, Strider
Breathing	Listen to lungs, Pulse Ox	Resp Rate, Even chest expansion
Circulation	Feel pulse, ECG, BP	Pallor, Cyanosis, distended veins
Disability	GCS, Glucose	Pupil size, Posturing, dystonia,
Exposure	Full exam	Look for any wounds, skin,

Monitoring response

- The response to RT must be monitored alongside the monitoring of adverse side effects
- Is the treatment effective?
- Is the underlying cause of behavioural disturbance being effectively treated?

Psychiatric Observations

- All patients who have received pre-RT medication should be monitored at a minimum of Low Level (S).
- All patients who have received IM RT should be monitored at a minimum of Medium Level (IV; D)

Level	Criteria	Physical monitoring schedule	Suggested minimum psychiatric observations
Low	All patients following pre-RT medications	NEWS or equivalent every hour for minimum 1 hour	Standard psychiatric observations every hour
Medium	All patients post IM RT, who do not require high/critical level monitoring	NEWS or equivalent every 15 minutes for minimum 1 hour	Intermittent psychiatric observations every 15 minutes

Psychiatric Observations

Level	Criteria	Physical monitoring schedule	Suggested minimum psychiatric observations
High	All patients post IM RT, who are over-sedated, asleep, or significantly physically unwell	NEWS or equivalent every 15 minutes for minimum 1 hour and include pulse oximetry until patient is ambulatory	Continuous (within line of sight)
Critical	All patients post IV RT as well as patients who are unconscious (not rousable) or severely physically unwell	Continuous monitoring and resuscitation facilities are essential	Continuous (within arm's length)

- All patients who have received IM RT and are over-sedated, asleep or significantly physically unwell, should be monitored at a minimum of High Level (S).
- All patients who have received IV RT and/or are unconscious or severely physically unwell, should be monitored at Critical Level (S).

Impact on therapeutic relationship



- The act of enforcing medication, often under restraint can have a lasting impact on the therapeutic relationship
- Consideration should be given to how administration is managed
- Keep trauma informed principles in mind
- Consider cultures, gender, histories.

Debriefs

- Debriefing can be defined as an opportunity to talk about feelings, reactions, and circumstances surrounding an inpatient's restraint/RT experience, from the inpatient's perspective
- Debriefing is also an opportunity for clinicians to assess inpatients and determine necessary follow-up care.
- Debriefs, particularly when documented, are useful for gathering information about mental health inpatient experiences of restraint.
- Inpatients and clinicians should collaborate to develop plans of care, identifying unique triggers and comfort measures.

Any Questions?