

Rapid Tranquillisation of Acutely Disturbed/Violent Behaviour

Offer Oral Medication

Haloperidol 5mg (or Olanzapine 10mg if prior extrapyramidal synd)
and / or
Lorazepam 2mg (or Promethazine 25-50mg if benzodiazepine tolerant)
Repeat up to twice after 30-60 minutes

Oral unsuccessful or refused

Consider Intramuscular Medication

Haloperidol 5mg or Aripiprazole 9.75mg
and / or
Lorazepam 2mg (or Promethazine 50mg if benzodiazepine tolerant)
Repeat up to twice after 30-60 minutes

IM unsuccessful or severe agitation/imminent risk

Consider IV treatment

Diazepam 10mg over > 5 minutes
Repeat up to twice after 5-10 minutes

Seek Senior Advice

EM Senior or anaesthetist

Notes re Rapid Tranquillisation

1. Most acutely disturbed or aggressive patients will refuse oral medication
2. Consider patient's legal status when giving parenteral medication
3. Give 50% stated dose in >65 years or medically unstable
4. If Lorazepam IM unavailable, use Midazolam (7.5-15mg IM)
5. Monitor
 - A. Vital signs every 5 min for 1 hour, every 30 mins if ambulatory
 - B. O2 saturations routinely if unconscious
 - C. ECG at baseline or ALL given Haloperidol (\uparrow QT)
6. Nurse should remain with patient until ambulatory
7. Ensure resuscitation equipment is available
8. Treat Respiratory Depression (RR <10/min or O2 sats <90%) with O2 and Flumazenil 200 μ g IV over 15 sec, repeat @ 60 sec to max 1mg in 24hrs
9. Dystonic Rxn Mx = Procyclidine 5-10mg IV/IM or Benztropine 2mg