MANAGEMENT OF ACUTELY DISTURBED PATIENTS (ADULTS)

Before considering pharmacological measures:
- Consider de-escalation, using non drug approaches: seclusion/moving to a low stimulus area, talking down, time out, distraction
- If possible, do a mental state examination and physical state examination, take a history including drug/alcohol status, drug sensitivities, concurrent medication
- Check for intercurrent illness and recent illicit substance use
- Establish a working diagnosis
- Check for any advance directive in relation to medicines

NON-PHARMACOLOGICAL MEASURES UNSUCCESSFUL OR INAPPROPRIATE

Level 1
Disturbed but accepting oral medication
- nurse in a quiet area
- ongoing verbal de-escalation
- food and fluid to be provided
- review current medication
- decide whether additional medication required

Lorazepam (1-2mg; max 4mg in 24 hours)
Can be repeated after 1 hour

OR
Promethazine (50mg; max 100mg /24 Hours)
Can be repeated after 1 Hour

OR
Haloperidol (5-10mg; max 20mg po / 24 hours)
Ensure cardiac status of patient is known, preferably with previous ECG

OR
Risperidone (2mg)
Orodispersible tablets may be considered if the patient is likely to spit out the tablets
Can be repeated after 2 hours

OR
Olanzapine (10mg)
Orodispersible tablets may be considered if the patient is likely to spit out the tablet
Can be repeated after 2 hours

Level 2
Disturbed and refusing oral medication
- review all medication prescribed within last 24 hours (BNF limits, side effects etc)
- consultant’s opinion may have to be sought

Lorazepam IM (1-2mg; max 4mg in 24 hours)
Sedation in 30-45 minutes; peaks 1-3 hours; Lasts 4-6 hours

Promethazine IM (50mg) (can repeated in 1-2 hours, if needed, up to max: 100 mg/day) may be used in benzodiazepine-tolerate patients and is the first line alternative during shortages of lorazepam

AND/OR
Haloperidol IM (5mg; max 12mg IM in 24 hours)
Used as mono-therapy or in combination with Lorazepam or Promethazine
Sedation in 10 minutes; peaks in 15-60 minutes; Half life 10-36 hours
Ensure cardiac status of patient is known, preferably with previous ECG

OR
Olanzapine IM as monotherapy (5-10mg; max 3 injections in 24 hours & Max 20mg in 24 Hours)
Peaks in 15-45 minutes.
Do not repeat within 2 hours
Do not use Lorazepam IM within one hour of administering Olanzapine IM

OR
Aripiprazole IM (5.25mg-15mg: max 3 injections in 24hours). Max 30mg in 24 hours. Peaks in 1-3 hours

Level 3
- Consultant’s direct involvement mandatory
- Consult on-call pharmacist
- Second opinion of another consultant

Avoid Diazepam if ECT is being considered

Diazepam 10mg IV over at least 5 minutes. Can be repeated up to 3 times if insufficient effect.