ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

Appendix 2

MANAGEMENT OF ACUTELY DISTURBED PATIENTS: OLDER PEOPLE (excluding dementia)

PRINCIPLES

Multidisciplinary approach *Effective interventions* *Proportionality of intervention* *Treatment individualisation/choice* *Treatment optimisation of underlying disorder*	***Continuous monitoring/review of:*** *Mental/physical health* *Risk to self/others* *Treatment effectiveness/harm* *Patient engagement level*	***Consider modifiers:*** *Pregnancy* *Drugs and alcohol* *Medical frailty/physically compromised* *Psychotropic naivety* *Regular prescribed psychotropics*	 *Learning disability* *Extremes of age*

PRE-RT: DE-ESCALATION

Continual risk assessment	*Passive intervention and watchful waiting*	*Identification of patient needs*
Self-control techniques	*Empathy*	*Distraction*
Avoidance of provocation	*Reassurance*	*Negotiation*
Respect patient space	*Respect and avoidance of shame*	*Reframing events for patient*
Management of environment	*Appropriate use of humour*	*Non-confrontational limit setting*

PRE-RT: ORAL MEDICINES

Offer oral medicines first	*Consult any advance decision/ statements*	*Note all previous medicines used in last 24 hours*	*Contact consultant if total dose above BNF limits*

Unknown or psychotropic naïve patient	**Known history of psychotropic use**				
Lorazepam	Lorazepam	or	Promethazine	or or or or	Olanzapine Quetiapine (immediate release) Risperidone Haloperidol with Promethazine

Allow at least 1 hour for response to oral. Repeat, if necessary. Consider combining sedative and antipsychotic treatment. Progress to RT if two doses fail, or sooner if patient or others at significant risk, or oral refused. Continue non-drug approaches.

RT: INTRAMUSCULAR MEDICINES

Unknown or psychotropic naïve patient	**Known history of psychotropic use**					
	No cardiac disease (confirmed by ECG)			**Unknown or confirmed cardiac disease**		
Lorazepam	Lorazepam	or or or or or	Promethazine Aripiprazole Olanzapine (monotherapy) Haloperidol with Promethazine Haloperidol with Lorazepam	Lorazepam	or	Olanzapine
Wait 30 minutes for response, repeat if partial response.	Wait 30 minutes for response (2 hours for olanzapine), repeat if partial response.			Wait 30 minutes for lorazepam response. Wait 2 hours between olanzapine doses. Repeat if partial response.		
If no response: Olanzapine (only after >1 hour post lorazepam IM) <u>or</u> Haloperidol* with promethazine <u>or</u> Haloperidol* with lorazepam (* if an ECG excludes cardiac disease)	If no response to lorazepam: Haloperidol with Promethazine	If no response: Lorazepam (if not already used) <u>or</u> Olanzapine (leave >1 hour between lorazepam IM and olanzapine IM)		If no response: Lorazepam <u>or</u> Olanzapine (leave >1 hour between lorazepam IM and olanzapine IM)		

Oral doses: Lorazepam 0.5-1mg (Max 2mg/24 hours) Haloperidol 0.5-2.5mg (Max 5mg/24 hours) Promethazine 10-25mg (Max 50mg/24 hours)	Olanzapine 2.5-5mg (Max 20mg/24 hours) Quetiapine immediate-release 25-50mg (Max as low as possible/ 750mg/24 hours) Risperidone 0.5-1mg (Max 4mg/24 hours)	**IM doses: as low as possible** Lorazepam 0.5-1mg (Max 2mg/24 hours) Haloperidol 2.5mg initially, then lower (Max 5mg/24 hours) Promethazine 12.5-25mg (Max 50mg/24 hours) Olanzapine 2.5 -5mg (Max 20mg/24 hours) Aripiprazole 5.25mg – 15mg (Max 30mg in 24 hours)
Monitoring: After oral doses, monitor hourly for minimum 1 hour, then as clinically appropriate. After IM doses, monitor every 10 minutes for first hour, then every 30 minutes for next 3 hours at least, and until ambulatory, then as per guideline. Record monitoring on MEWS chart.		
Post review: Discuss in MDT. Review PRN. Document as DATIX, with full details, and on medical record. Undertake 72 hour review with patient.		