ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

Appendix 4

MANAGEMENT OF ACUTELY DISTURBED PATIENTS: CHILD AND ADOLESCENT

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

Non-psychotic illness or psychotropic naïve patient	**Psychotic illness**
Lorazepam or Promethazine	Risperidone or Olanzapine or Quetiapine (immediate-release) (With or without Lorazepam or 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

Non-psychotic illness or psychotropic naïve patient	**Known history of psychotropic use**
Lorazepam or Promethazine	Olanzapine or Aripiprazole
Wait 30 minutes for response, Repeat if partial response.	Wait 30 minutes for response, Repeat if partial response.
If no response, wait a further 30 minutes. If still no response, seek medical advice.	If no response, wait a further 30 minutes. If still no response, seek medical advice.

Oral doses: Lorazepam <12 years: 0.5-1mg (Max 2mg/24 hours); >12 years: 0.5-2mg (max 4mg/24 hours). Promethazine 10+ years: 10-50mg (Max 50mg/24 hours). Quetiapine (immediate-release) >12 years 25-50mg / under 12 years 12.5-25mg. Max dose: as low as possible.	Risperidone 12-17 years: 2-10mg daily (Max 16mg/24 hours). Olanzapine 12-17 years: 2.5-5mg (Max 20mg/24 hours)	**IM doses:** Lorazepam <12 years (unlicensed): 0.5-1mg (Max 4mg/24 hours); >12 years: 0.5-2mg (Max 4mg/24 hours). Promethazine 12–17 years: 10–25 mg (Max 50mg/24 hours) Olanzapine (unlicensed <18 years) 2.5-10mg (Max 20mg/24 hours) Aripiprazole (unlicensed <18 years) 5.25mg (Max 3 injections 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.		