Rapid Tranquillisation in the Management of Acutely Disturbed Patients (Adults)

Emergency resuscitation, procyclidine injection and flumazenil injection must be available before treatment – see therapeutic notes for dose.

CONSIDER NON-DRUG APPROACHES
- Try talking to patient
- Use of distraction
- Seclusion

- No history of typical antipsychotics
- History unknown
- Cardiac disease
- Current illicit drug use

Consider oral therapy
Lorazepam 1-2mg

Oral unsuccessful or an effect required within 30 minutes

Consider injection
Lorazepam 1-2mg intramuscular
(Mixed 1:1 in water for injection or 0.9% sodium chloride)

Wait 30 minutes
Repeat lorazepam injection once intramuscular if necessary

Confirmed history of significant typical antipsychotic exposure (ie not just as required)

Consider oral therapy
Lorazepam 1-2mg and/or haloperidol 5mg

Oral unsuccessful or an effect required within 30 minutes

Consider injection
Lorazepam 1-2 mg intramuscular
(Mixed 1:1 in water for injection or 0.9% sodium chloride)
In extreme cases consider combination of both lorazepam and haloperidol 5mg intramuscular
Do not mix in same syringe
Monitor respiratory rate, pulse and BP every 5-10 min for 1 hour

Wait 30 minutes
Repeat injection(s) once if necessary

If no response to second injection seek advice from senior experienced doctor