

Appendix 1. Rapid tranquilisation

All of these are treatments of last resort, and should only be issued after discussion with the family or named person.

Oral treatment

First-line:

- lorazepam 1-2 mg
- buccal midazolam (10-20mg)

If not receiving regular anti-psychotics, the following are alternatives:

- olanzapine 10mg
- risperidone 1-2mg
- haloperidol 5mg
- concomitant use of two more antipsychotic should be avoided on the basis of risk associated with QT prolongation (common to almost all antipsychotics).

Intramuscular treatment

This is only needed if oral treatment fails and/or there is a significant risk to patient or others. Temporary (i.e. a few minutes) physical restraint may be necessary while medication is being given. Few primary care teams would have these drugs available, but in remote/rural areas there may be a need to use them:

- lorazepam 1-2mg
- promethazine 50mg - useful in benzodiazepine-tolerant patients
- Olanzapine 10mg
- Haloperidol 5mg – this should be the last drug considered due to risk of prolonging QT interval. Note contra-indicated in Lewy body dementia. Combine with promethazine 50mg to reduce risk acute dystonia. repeat after 30-60 minutes if insufficient effect.

Intravenous treatment

Diazepam 10mg over at least 5 minutes, repeat after 5 – 10 minutes

Side-effects/dangers

The monitoring of routine physical observations after rapid tranquilisation is essential. Temperature, pulse, BP and respiratory rate should be checked every 5-10 minutes for an hour and then ½ hourly.

- Acute dystonia (and oculo-gyric crisis) – treat with procyclidine IV or IM, [I recommend you have this available if you are going to use neuroleptics in the community.]
- Respiratory depression can occur after benzodiazepines – treat with flumazenil
- The following medications are not recommended for rapid tranquillisation – chlorpromazine, IM diazepam, thioridazine, or depot anti-psychotics
- Adolescents are vulnerable - NEVER use haloperidol, and they may exhibit disinhibition with benzodiazepine administration.
- ***NB: Doses for adolescents and the elderly vary from the usual doses described above.***

References :

NHS GGC Rapid Tranquilisation Guidance. Policy Number RTG-0408 1/5/2008
The Maudsley Prescribing Guidelines in Psychiatry, 11th Edition, [David Taylor](#) (Editor), [Carol Paton](#) (Co-Editor), [Shitij Kapur](#) (Co-Editor) ISBN: 978-0-470-97948-8 March 2012, Wiley-Blackwell. Use of Psychotropic Drugs in special patient groups. pp 531- 537.

Certificate of Incapacity under Section 47 of the Adults with Incapacity (Scotland) Act 2000

I [redacted] (name)
of [redacted] (address)

*am the medical practitioner primarily responsible for the medical treatment of; or

*am a person who is *a dental practitioner/an ophthalmic optician/a registered nurse and who satisfies such requirements as are prescribed by the Adults with Incapacity (Requirements for Signing Medical Treatment Certificates) (Scotland) Regulations 2007 and who is primarily responsible for treatment of the kind in question of:

[redacted] (name)
of [redacted] (address) [D][D][M][M][Y][Y] (date of birth)

for whom the *guardian/welfare attorney/person appointed by intervention order/nearest relative/carer

is [redacted]

I have examined the patient named above on [D][D][M][M][Y][Y] (date). I am of the opinion that *he/she is incapable within the meaning of the Adults with Incapacity (Scotland) Act 2000 ("the 2000 Act") in relation to a decision about the following medical treatment:

[redacted]

because of (nature of incapacity) [redacted]
[redacted]
[redacted]

This incapacity is likely to continue for [redacted] months.

*I therefore consider it appropriate for the authority conferred by section 47(2) of the 2000 Act to subsist from:

[D][D][M][M][Y][Y] (date of examination) until [D][D][M][M][Y][Y], being a period which does not exceed one year from the *date of the examination on which this certificate is based/date of revocation of the certificate issued previously by me; or

*I am of the opinion that (a) *he/she is suffering from *a severe or profound learning disability/dementia/a severe neurological disorder; and (b) *what he/she is suffering from is unlikely to improve within the meaning of the Adults with Incapacity (Conditions and Circumstances Applicable to Three Year Medical Certificates) (Scotland) Regulations 2007/ [Y][Y] and therefore consider it appropriate for the authority conferred by section 47(2) of the 2000 Act to subsist until:

[D][D][M][M][Y][Y] being a period which does not exceed three years from the *date of the examination on which this certificate is based/date of revocation of the certificate issued previously by me.

The authority conferred by section 47(2) of the 2000 Act shall subsist for the period specified above or until such earlier date as this certificate is revoked.

In assessing the capacity of the patient, I have observed the principles set out in section 1 of the 2000 Act.

Signed [redacted] Date [D][D][M][M][Y][Y]