PHARMACOLOGICAL MANAGEMENT OF AGGRESSION AND VIOLENT BEHAVIOUR : AUDIT OF RAPID TRANQUILISATION OF ACUTELY DISTURBED SERVICE-USERS IN THE PSYCHIATRIC INTENSIVE CARE UNIT

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Background

Prevalence of violent behaviour within acute psychiatric services is about 10%.

Aims

To assess compliance of management of acutely disturbed patients with the National Institute for Health and Clinical Excellence (NICE) guidance for use of Rapid Tranquilisation (RT).

How did we assess practice?

A sample of 24 patients admitted to local Psychiatric Intensive Care Unit (PICU) receiving RT during 2011 was assessed using retrospective analysis of records.

Areas of Good Practice

100% compliance was achieved in many of the criteria assessed, including recording the risk assessment and management plan appropriately.

Areas of concern

None of the patients had up-to-date advance directive detailing their preferred strategies in case of violent incidents.

50% of patients had their baseline blood pressure, pulse, temperature and respiratory rate recorded and 33% at regular intervals.

25% were debriefed and none offered an opportunity to write their account of RT.

38% had their medication reviewed following RT.

Other findings

46% were suffering from psychotic disorders; manic episode accounted for 25% of all patients.

54% of all (65% of men) received Zuclopenthixol acetate for RT and 46% the combination of Haloperidol plus Lorazepam; however, the combination of Haloperidol plus Lorazepam was used in 71.4% of women and 35% of men.

12.5% required a short period of seclusion.

All patients were detained under the Mental Health Act.

How we can make changes and improve practice?

Training of the PICU staff in the NICE Guidance: The short-term management of disturbed/violent behaviour in psychiatric inpatient settings and emergency departments.