NHS Lothian Guidance for Treatment of Acute Behavioural Disturbance in Adults Over 65 years

NHS Lothian

Step 1

Non drug approaches
- Reassurance
- Use of distraction
- Non stimulating environment
- Correct sensory impairment
- Family to visit
- Consider 1:1 nursing

Medical / physical causes
- Infection
- Urinary retention
- Constipation
- Pain, dehydration, hypoxia
- Electrolyte abnormalities
- Hypoglycaemia
- Recent changes to meds
- Physical observations
- ECG recommended

Legal
- Consider capacity to consent to medical treatment.

If unsuccessful and patient poses a **risk to their own safety or safety of others consider medication**

Always try oral first

Are previous adverse drug reactions documented in notes/ drug chart?

Seek senior medical opinion if unsure

Re-assess

Step 2

Dementia with Lewy Bodies or Parkinson's Disease present / cannot be excluded

Oral medication
Lorazepam, 0.5mg hourly, max 2 mg/24 hours

↓

(continue non-drug approaches)
Little or no effect after 60 minutes

↓

Repeat oral medication
Lorazepam 0.5mg

↓

(continue non-drug approaches)
Little or no effect after 60 minutes

↓

Consider alternative oral medication
Trazodone 50mg, hourly, max 100 mg in 24 hours

↓

(continue non-drug approaches)
Little or no effect after 60 minutes

Dementia with Lewy Bodies has been ruled-out

Oral medication
Lorazepam 0.5mg hourly, max 2 mg/ 24 hours
OR Haloperidol 0.5mg hourly, max 2 mg/ 24 hours
(*baseline ECG recommended before haloperidol*)

↓

(continue non-drug approaches)
Little or no effect after 60 minutes

↓

Repeat oral medication
Lorazepam 0.5mg **OR** Haloperidol 0.5mg

↓

(continue non-drug approaches)
Little or no effect after 60 minutes

↓

Consider alternative oral medication
Haloperidol 0.5mg **OR** Lorazepam 0.5mg

↓

(continue non-drug approaches)
Little or no effect after 60 minutes

Re-assess

Step 3

****IN CASES OF EXTREME EMERGENCY ONLY****

Consider intra-muscular injection

Lorazepam 0.5mg IM (**or** Midazolam I/M 0.5mg if Lorazepam IM not available)

Note:Midazolam should be given only if there are trained staff present who can administer I/V Flumazenil

OR

Haloperidol 0.5mg IM

(only use Haloperidol if Dementia with Lewy bodies/ Parkinson's Disease has been ruled-out)

If no response seek senior medical review

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POST TREATMENT CARE

Hourly physical NEWS for 4 hours, decrease frequency thereafter depending on NEWS score
If GCS drops or NEWS>5, seek senior medical input
Should be classed as at risk of falls for next 48 hours
Observe for dystonic reaction after haloperidol – consider procyclidine.
Elderly patients may be more susceptible than younger adults to the anticholinergic effects of Procyclidine and a reduced dosage may be required. Give 2.5mg IM, repeat after 20 mins if necessary, maximum 10mg daily.

Legal notes

Consider capacity to consent to medical treatment.

Completion of the relevant Mental Health Act (MHA) documentation (consent to treatment certificate T3/T4) is required if IM medication is to be administered. If prescribed for patients who are not detained under an order authorising treatment e.g. informal patients, there must be a clear and detailed rationale documented in the notes. This must include a statement on the patient's capacity to consent to treatment. For these patients IM medication should only be prescribed as a once only dose on the front of the prescription and administration record and discuss with an approved medical practitioner (AMP) regarding requirement for detention under the MHA.

Notes on Haloperidol

The dose of haloperidol or/and lorazepam may be increased to 1mg for younger, more physically fit persons.

As per Summary of Product Characteristics for haloperidol injection a baseline ECG is recommended before intramuscular dosing. During therapy, the need for ECG monitoring for QTc interval prolongation and for ventricular arrhythmias must be assessed in all patients, but continuous ECG monitoring is recommended for repeated intramuscular doses. If an ECG cannot be obtained the reason for this must be clearly documented in the patient record.

Haloperidol is contra-indicated with concomitant treatment with medicinal products that prolong the QT interval. Refer to the NHS Lothian guideline on Psychotropic Medication and QTc Prolongation Risk for further information.

Notes on Midazolam

Resuscitation facilities must be available as per local guidelines. Before administering midazolam ensure flumazenil is available. If respiratory rate falls below (<10/minute) give flumazenil. Initially 200micrograms IV over 15 seconds, then 100 micrograms at 60 second intervals if required. Maximum 1mg in 24 hours.
In the absence of data on the use of flumazenil in elderly patients, it should be noted that this population is generally more sensitive to the effects of medicinal products and should be treated with due caution.

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