Royal Edinburgh and Associated Services

Standard for Prescribing and Administering As Required Medicines

1. Scope

1.1 This prescribing and administration standard has been developed to give clear guidance on:

- The prescribing and administration of as required medications.
- The prescribing and administration of rapid tranquilisation (IM) medication.

2. Consideration of Capacity to Consent to Treatment

2.1 The prescription and administration of as required medication must consider capacity to consent to treatment.

2.2 Where applicable, there must be a valid certificate of incapacity under the Adults with Incapacity (Scotland) Act 2000, or appropriate Mental Health (Care and Treatment) (Scotland) Act 2003 documentation (T2b/T3b) to cover the proposed treatment.

2.3 For patients who are not detained under an order authorising treatment e.g. informal patients, rapid tranquilisation IM medication should only be prescribed as a once only dose with clear and detailed rationale documented in the patients notes (on TRAK where applicable) including a statement on the patients capacity to consent to treatment.

2.4 Following the prescription and administration of urgent treatment patients who are not detained under an order authorising treatment should be discussed with an approved medical practitioner (AMP) regarding requirement for detention under the Mental Health Act.

2.5 Where required a record of notification following urgent treatment (T4) should be completed retrospectively.

3. Prescribing as required medication

3.1 The prescription of as required medication must comply with the Golden Rules for Prescription Writing for Inpatients, NHS Lothian.

http://intranet.lothian.scot.nhs.uk/Directory/MedicinesManagement/Documents/Golden%20Rules%20for%20Prescribing.pdf

3.2 In addition**,** the prescription for as required medicines must contain the following

- The symptoms to be relieved (indication)
- The minimum time interval between doses (frequency)
- The maximum daily dose***** (max in 24hrs)

***Must state clearly the maximum dose of as required medication that can be administered in a 24 hour period.**

3.3 The dose of the medication should be specified. Prescribing a dose range (i.e. 1mg-2mg) should be avoided.

3.4 The use of prescribed as required medication, including symptomatic relief medication, should be reviewed regularly.

4. Regular and as required prescriptions for the same medicine

4.1 When prescribing as required medicines give careful consideration to medications prescribed in the regular and symptomatic relief sections of the drug administration chart.

4.2 The daily dose of regular medicines and as required medicines should not exceed the BNF upper recommended limit, unless authorised by senior medical staff.

4.3 The maximum dose in the as required prescription should clearly state the **maximum dose of as required medicine** that can be administered in 24 hours.

5. Prescribing the same medication by more than one route

5.1 As required oral and intramuscular medication should be documented separately in the as required prescription section of the drug administration chart.

5.2 Prescriptions should clearly state '**including Oral / IM'** in additional information for calculating the maximum dose that can be administered in 24 hours.

6. High Dose Monitoring

6.1 The use of as required antipsychotic medication (Oral or IM) may increase total daily antipsychotic dose above BNF maximum.

6.2 If high dose monitoring applies this should be indicated on the front of the patients drug administration chart, a high dose monitoring sheet should be completed and filed with the patients drug administration chart, and high dose monitoring commenced as detailed in the guideline.

For guidance refer to The Guidelines for use of High-Dose Antipsychotic Medication

http://intranet.lothian.scot.nhs.uk/Directory/MedicinesManagement/MentalHealth/Documents/High%20Dose%20Antipsychotic%20Guidelines%202018%20V8.0%20FINAL.pdf

7. Administration of as required medication

7.1 The administration of as required medicines must adhere to NHS Lothian guidance as documented in the NHS Lothian Safe use of Medicines Policy and Procedures.

http://intranet.lothian.scot.nhs.uk/Directory/medicinespolicysubcommittee/Documents/Safe%20Use%20of%20Medicines%20Policy%20and%20Procedures.pdf

7.2 The administration of as required medicines must be undertaken in a methodical manner and distractions minimised while medicines are being selected, prepared and administered.

7.3 All sections of the drug administration chart should be checked prior to administration.

Close attention should be paid to the following documented in the as required section of the drug administration chart:

- Prescribed route of administration
- Prescribed dose of medication
- Frequency prescribed
- Maximum dose in 24 hours
- Additional information (for example 1st line, 2nd line)

7.4 An assessment should be made as to whether a dose of as required medicine is indicated or appropriate. This assessment should consider any same or similar regular, once only or as required medicines (e.g. antipsychotics or anxiolytics) that have been administered / prescribed and any potential risks.

If there is any doubt regarding the administration of as required medication then guidance should be sought from the prescriber or a clinical pharmacist.

8. Frequency and maximum dose in 24 hours

8.1 In all situations where as required medication is being considered it is necessary to calculate the frequency and maximum dose in 24 hours. This involves:

- Checking back the stated frequency from the time of **this** administration
- Checking back 24 hours from the time of **this** administration

Seek assurance if there is any uncertainty about whether a dose should be administered.

9. Prescribing and administering as required intramuscular (IM) drug treatment

9.1 The prescription and administration of intramuscular (IM) drug treatment should only be considered for urgent situations where the oral route is not possible or appropriate, and where non-pharmacological measures have been unsuccessful.

9.2 When prescribing and administering as required medication indicated for rapid tranquilisation the appropriate algorithm / guideline should be followed:

Drug Treatment of Acute Behavioural Disturbance Guideline in Adolescent (12-17yrs) Psychiatric Inpatients

or Intramuscular (IM) Drug Treatment of Acute Behavioural Disturbance in Adult (18-65yrs) Psychiatric Inpatients

or NHS Lothian Guidance for Treatment of Acute Behavioural Disturbance in Adults over 65 Years

9.3 A benzodiazepine (lorazepam) only is considered an appropriate first line treatment for acute behavioural disturbance in both psychotic and non-psychotic episodes.

- A baseline ECG is recommended for all patients prior to the prescription of haloperidol.
- In adult patients (18-65yrs) IM haloperidol should be administered only following no response after repeated IM doses of a benzodiazepine.
- In adults over 65 years haloperidol can be considered as an alternative to lorazepam where Dementia with Lewy bodies / Parkinson's Disease has been ruled out.
- Intramuscular (IM) Olanzapine as an alternative **must not be given within one hour** of an intramuscular (IM) benzodiazepine and vice versa.

9.4 Medication prescribed in an emergency should be reviewed regularly.

9.5 Use of rapid tranquilisation medication should be documented in patient notes. The appropriate canned text functionality within TRAK (for example \Red or \Yellow) should be used where applicable.

9.6 Guidance on the post treatment care of any potential risks associated with the administration of rapid tranquilisation (IM) injections can be found in the appropriate Acute Behavioural Disturbance Guidelines above.