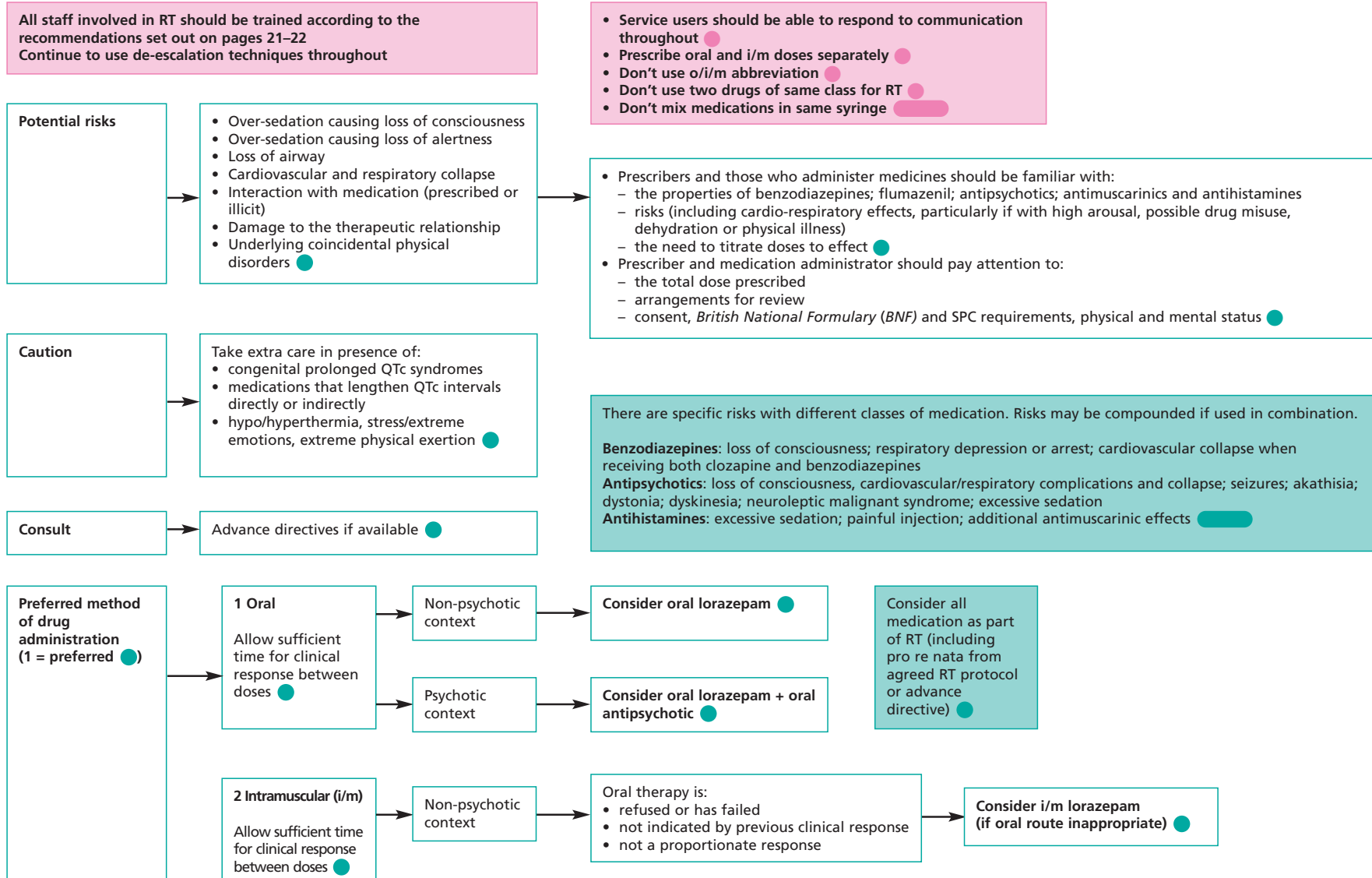
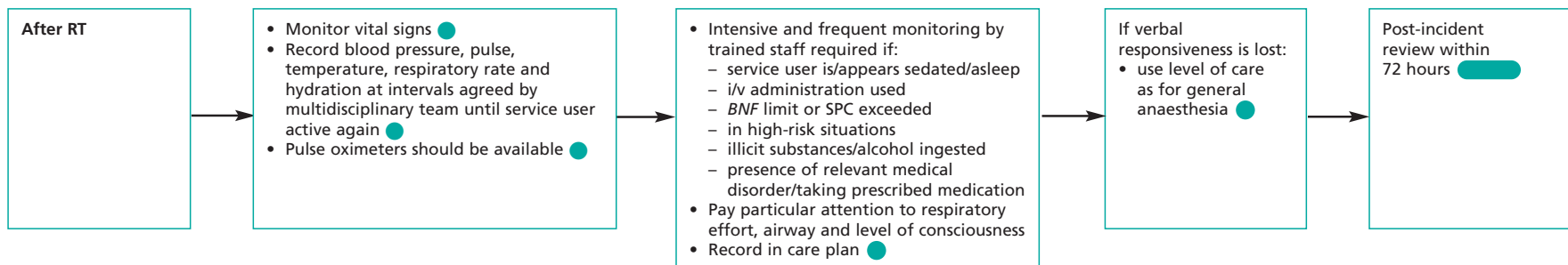
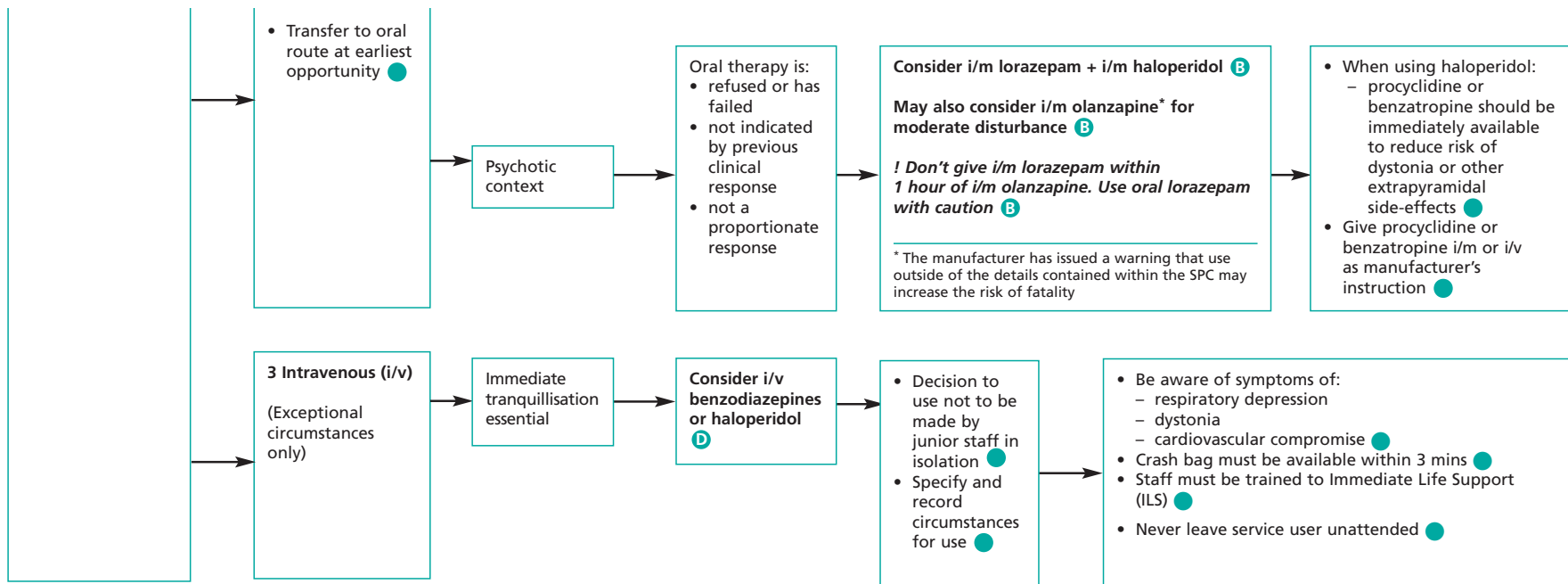


Rapid tranquillisation (RT) algorithm

This algorithm should be read in conjunction with the recommendations in the guideline and the Summary of Product Characteristics (SPC) chart for rapid tranquillisation, available at www.nice.org.uk/CG025

See also page 15 of this quick reference guide





Drugs NOT recommended for RT

- Oral or i/m chlorpromazine **C**
- i/m diazepam **C**
- Thioridazine **C**
- i/m depot antipsychotics **D**
- Olanzapine (dementia-related disturbance) **C**
- Risperidone (dementia-related disturbance) **C**

Zuclopenthixol acetate**

- Not recommended for RT due to long onset and duration of action, but may be considered as an option when:
 - service user will be disturbed/violent over extended time period
 - past history of good/timely response
 - past history of repeated parenteral administration
 - cited in an advance directive
- Never administer to those without previous antipsychotic exposure
- Consult *BNF* and manufacturer's SPC regarding its use **B**

**Zuclopenthixol acetate is commonly known as 'acuphase' by staff and service users

- When transferring a service user between units, the following should also be sent:
 - a full medication history (including the service user's response to medications) and any adverse effects
 - an advance directive
 - the service user's account of their experience (where possible)
- On discharge, file all such information in their healthcare record to be reviewed regularly.