

Algorithm for Rapid Tranquillisation of young people 12 – 17 years

Adolescents have developing brains and are vulnerable to side effects
e.g. disinhibition due to the use of benzodiazepine medication.
It is NEVER appropriate to use haloperidol in adolescents.

**Always consider and offer non-drug strategies,
if behaviour continues to pose risk to self or others**

**Antipsychotic naive or severe
cardiac disease**

Consider oral Therapy

Lorazepam 0.5-2mg (max 4-8mg/24 hrs) or
Promethazine 25mg (max 100mg/24hrs) or
Olanzapine 2.5-5mg (max 20mg/24hrs) or
Quetiapine 25-50mg (max 750mg/ 24hrs) or
Risperidone 0.5-2mg (max 16mg/24hrs)

Consider combination of lorazepam and promethazine OR
olanzapine OR Quetiapine OR Risperidone if single agent
ineffective

**Confirmed History of significant
Antipsychotic exposure**

Consider oral Therapy

Lorazepam 1-2mg (Max 4-8mg/24hrs) or
Promethazine 25mg (max 100mg/24hrs) or
Olanzapine 2.5-5mg (max 20mg oral or IM/24hrs) or
Quetiapine 25-50mg (max 750mg/24hrs) or
Risperidone 0.5-2mg (max 16mg/24hrs)

Consider combination of lorazepam and promethazine OR
olanzapine OR Quetiapine OR Risperidone if single agent
ineffective

**Patient refuses oral therapy, or...
If no response observed after 2 (two) repeated oral doses (60 minutes apart)...**

Consider Injection

***Lorazepam** 0.5-2mg IM
(max 4mg by oral or IM/24hrs)

Give over 2-3 minutes
Dilute 1:1 with water for injection or 0.9%NaCl before use
*NB When administering IM Lorazepam, equipment necessary to maintain
a patient airway and to support respiration should be available and used
when necessary.

**Following injection, reconsider feasibility of
administration of oral atypical antipsychotic
as detailed above**

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necessary.

**Following injection, reconsider feasibility of
administration of oral atypical antipsychotic as
detailed above**

Occasionally:

♦ **IM Olanzapine** 2.5-10mg as a single agent. Reconstitute only
with water for injection as per the NMSGC Mental Health
Partnerships Use of Olanzapine IM advice.

**Continue talking and using non-drug approaches
Wait 30 minutes then if no benefit...**

Repeat **Lorazepam** injection if necessary
(Max 4mg by oral or IM/24hrs)

Revert to vital sign monitoring

Repeat injection(s) if necessary.

Lorazepam: max 4mg by oral or IM/24hrs

NB: If IM Olanzapine to be repeated- wait 2 hours

♦ 2.5-10mg, may be administered 2 hours after the first injection.
The maximum daily dose of olanzapine (including oral olanzapine)
is 20mg, with not more than 3 injections in any 24-hour period)

If olanzapine IM administered, wait 1 hour before administering
an IM benzodiazepine

If an IM benzodiazepine administered, the clinical status of the
patient should be assessed and consultant advice obtained prior to
IM Olanzapine being administered.

Revert to vital sign monitoring

Continue talking and using non- drug approaches

If no response to second injection, seek advice from senior doctor/ consultant on call

May require further escalation to PICU via further emergency sedation/ anaesthesia

Be aware of the toxic effect of medication/drugs

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