Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / À l'écoute de notre santé

Appendix B - Pharmacologic Treatment of Behavioural Emergencies (Adults / Older Person) in a Primary Care Clinic Setting

This clinical tool was developed to assist primary care teams where an individual is exhibiting crisis behaviours requiring pharmacologic treatment and subsequent voluntary or involuntary admission to hospital. To be used to support oral sedation with a Triage Code of 1, 2 and 3 Scale of Behavioural Emergencies See Appendix A.

Section I: Goals and Considerations in Pharmacologic Treatment of Mental Health Emergency Care	
Goals	▪ Reduce agitation and associated risk of harm to the patient, and where applicable, to others, in the safest and least intrusive manner possible to support transition to WRHA crisis stabilization unit or Emergency Room or Psychiatric unit. ▪ Oral Sedation is indicated when: ▪ Individuals can be safely and quickly talked down for a short period of time ▪ Are triaged as a possible, probable or definite risk to self and or others ▪ Can be managed during the Primary Care appointment **AND** they agree to take oral medication
Specific Considerations regarding Psychotropic Medications for Adults	▪ Often on multiple medications and at increased risk of adverse medication interactions. ▪ When considering psychotropic medications for adults, it is important to elicit their history with such medications and the individual or caregiver's preferences. ▪ When prescribing p.r.n. (when needed) medication to prevent violence and aggression: − do not prescribe p.r.n. medication routinely ▪ Tailor p.r.n. medication to individual need and include in the discussion ▪ Ensure there is clarity about the rationale and circumstances in which p.r.n. medication may be used and that these are included in the Crisis Prevention and Management plan ▪ Ensure that the maximum daily dose is specified and does not inadvertently exceed the maximum daily dose when combined with the person's standard dose ▪ Only exceed the maximum daily dose (including p.r.n. dose, the standard dose) if this is planned to achieve an agreed therapeutic goal, documented and carried out under the direction of a senior doctor ▪ Ensure that the interval between p.r.n. doses is specified
Initial Treatment	. Use of a single medication initially, at a sufficient dose, and wait the indicated time prior to repeating the dose
Section II: Risks Precautions and Monitoring	
Risks	▪ Hypotension ▪ Over sedation ▪ Respiratory depression
Precautions	▪ Crash cart ▪ Staff Trained in Family & Friends CPR Anytime®
Physical Monitoring	▪ Blood pressure ▪ Pulse ▪ Respiratory rate ▪ Temperature

ADULT - Steps to Pharmacologic Treatment of Mental Health Emergency Care

	Modifying Circumstances	Choice (s)	Initial Dose	Notes
STEP 1	Attempt non-medication interventions, if appropriate	1.De-escalation		
STEP 2	INDIVIDUAL IS ALREADY RECEIVING AN ORAL OR DEPOT ANTIPSYCHOTIC ; AVOID GIVING ANOTHER ANTIPSCHOTIC MEDICATION [a] **OR** INDIVIDUAL IS NOT ALREADY RECEIVING AN ORAL OR DEPOT ANTIPSCHYOTIC OR IF INDIVIDUAL IS ACUTELY PSYCHOTIC [a]	Lorazepam [d]	1 - 2 mg oral [13]	**WAIT 1 hour** before repeating [12, 13] Maximum dose up to 10 mg total per event. Dose effect patient specific, hence no specific dose target **If Oral therapy is refused, has failed or is insufficient for the level of crisis NOTIFY EMS / ER**
	AND/ OR			
	INDIVIDUAL IS NOT ALREADY RECEIVING AN ORAL OR DEPOT ANTIPSYCHOTIC OR IF INDIVIDUAL IS ACUTELY PSYCHOTIC [a,b,c]	Olanzapine [c,d] ODT – orally-disintegrating tablet	5-10 mg oral	**WAIT 2 – 4 hours and monitor blood pressure before repeating** (related to hypotension risk) Maximum dose up to 20 mg (total per event) in BAD, SZP (IM dosing) **If Oral therapy is refused, has failed or is insufficient for the level of crisis NOTIFY EMS / ER**

a) The choice of a new medication depends on other medications being taken. If the adult is established on antipsychotic medications, Lorazepam alone may be added. If the adult is receiving benzodiazepines regularly, an antipsychotic alone may be added. Most patients respond best to a combination of an antipsychotic and benzodiazepine but an antipsychotic or benzodiazepine can also be used alone. Monitor vital signs as appropriate (see Section II).

b) In patients receiving Clozapine, Lorazepam is a warning not an absolute contraindication. [18, 19]. Case reports of hypersalivation, severe respiratory depression/arrest, hypotension, unconsciousness, delirium. Bitter et al. 2008 – Retrospective chart review of 152 patients on concomitant clozapine and BZD – no safety concerns.

c) Combining Olanzapine with Lorazepam or other benzodiazepines should be avoided due to the risks of excessive sedation and cardiorespiratory depression; Recommendations based on interactions with IM Olanzapine, no specific recommendations for PO formulation available.

d) **Orally-disintegrating tablet - ODT** can be split in the sense that splitting them does not compromise their absorption. They disintegrate in the mouth within second, and contents can be swallowed with or without water. However, the wafers are very fragile and should be handled very carefully, with dry hands. Alternatively, wafers can be dissolved in 125mL of fluid (water, milk, coffee, orange or apple juice) and promptly consumed.

OLDER PERSONS - Steps to Pharmacologic Treatment of Mental Health Emergency Care

	Modifying Circumstances	Choice (s)	Initial Dose	Notes
STEP 1	Attempt non-medication interventions, if appropriate	1.De-escalation		
STEP 2	INDIVIDUAL IS ALREADY RECEIVING AN ORAL OR DEPOT ANTIPSYCHOTIC; AVOID GIVING ANOTHER ANTIPSCHOTIC MEDICATION [a] **OR** INDIVIDUAL IS NOT ALREADY RECEIVING AN ORAL OR DEPOT ANTIPSCHYOTIC OR IF INDIVIDUAL IS ACUTELY PSYCHOTIC [a]	Lorazepam [b,d]	0.5 – 1 mg oral as initial dosing [14, 17] then 1 mg [17, 18,19]	**WAIT 1 hour** before repeating[13, 14] Maximum dose up to 5 mg (total per event). Dose effect patient specific, hence no specific dose target **If Oral therapy is refused, has failed or is insufficient for the level of crisis NOTIFY EMS / ER**
		AND/ OR		
		Olanzapine [e,f] ODT – orally-disintegrating tablet	2.5-5 mg oral	**WAIT 2 – 4 hours before repeating and monitor blood pressure** before repeating (related to hypotension risk) Maximum dose up to 5 mg (total per event) [19]. Dose effect patient specific, hence no specific dose target **If Oral therapy is refused, has failed or is insufficient for the level of crisis NOTIFY EMS / ER**

a) The choice of a new medication depends on other medications being taken. If the adult is established on antipsychotic medications, lorazepam alone may be added. If the adult is receiving benzodiazepines regularly, an antipsychotic alone may be added. Most patients respond best to a combination of an antipsychotic and benzodiazepine but an antipsychotic or benzodiazepine can also be used alone. Monitor vital signs as appropriate

b) In patients receiving clozapine, Lorazepam is a warning not an absolute contraindication. [18, 19]. Case reports of hypersalivation, severe respiratory depression/arrest, hypotension, unconsciousness, delirium. Bitter et al. 2008 – Retrospective chart review of 152 patients on concomitant clozapine and BZD – no safety concerns.

c) Combining Olanzepine with Lorazepam or other benzodiazepines should be avoided due to the risks of excessive sedation.

d) In older patients Lorazepam caution is respiratory depression, confusion delirium, ataxia and falls. Avoid use of any BZD (including short-acting)1 for treatment of agitation in elderly patients [12]

e) In older patients Olazapine caution is confusion, hypotension, bradycardia and ataxia. Avoid use of antipsychotic agents for behavioural problems of dementia [12]. Olazapine – mild/moderate anticholinergic activity.

f) **Orally-disintegrating tablet - ODT** can be split in the sense that splitting them does not compromise their absorption. They disintegrate in the mouth within second, and contents can be swallowed with or without water. However, the wafers are very fragile and should be handled very carefully, with dry hands. Alternatively, wafers can be dissolved in 125mL of fluid (water, milk, coffee, orange or apple juice) and promptly consumed.