

Algorithm for the pharmacological management of behavioural disturbance in psychosis

| Promoting a Safe Environment Early Detection and Intervention | Maintaining a Safe Environment Intervention for Risk Management and Planning for Safety | Restoring a Safe Environment Psychiatric Emergency/ Crisis Intervention |
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| <p><i>Level 1</i> Aggressive behaviour monitored and controlled by the individual with clinical support Behaviours: anxiety agitation Mildly aroused, pacing, still willing to talk reasonably, or may be moderately aroused. Action: pre-empt and intervene early. Exercise crisis communication skills, particularly address concerns and fears</p> | <p><i>Level 2</i> Escalation of aggressive behaviour with reduced capacity to control emotions and behaviour Behaviours: Verbal aggression. Not dangerous or violent. Moderately aroused, agitated becoming more vocal, unreasonable and hostile or maybe highly aroused Action: Coordinate Intervention. Monitor the effectiveness of continued engagement. Continue to address concerns and fears</p> | <p><i>Level 3</i> Aggressive behaviour is overt and poses an imminent threat to the safety of all. Crisis intervention is required Behaviours: Violence or dangerousness is imminent or physically aggressive. Highly aroused, possibly distressed and fearful. Violent toward self, others and property OR patient refuses all medication and status is judged to be potentially aggressive or violent Action: Senior Clinician coordinates an Emergency response. Ensure the safety of others in your care</p> |
| <p>PER ORAL LEVEL 1 Offer benzodiazepines Lorazepam (1 – 2.5 mg) Diazepam (5 – 10 mg) Clonazepam (0.5 – 1mg) Temazepam (10mg) – not only for sleep Daily maximum dose not to > 40 mg diazepam equivalents Lorazepam 8mg Clonazepam 4mg Temazepam 80mg For patients with psychosis consider oral antipsychotics (see level 2)</p> | <p>PER ORAL LEVEL 2 Administer the following options: Risperidone 2mg (oral) dispersables if available OR Olanzapine 5 – 15 mg oral dispersables if available Aripiprazol 15 – 30 mg Daily maximum doses per day as follows: Risperidone 6 mg Olanzapine 30 mg Aripiprazol 60 mg LESS PREFERRED OPTION Chlorpromazine 100-200</p> | <p>PARENTERAL INTERVENTION Intramuscular *Olanzapine 10 mg IMI Lorazepam 1 – 2.5 mg where available OR IM Clonazepam 0.5 – 1 mg OR **Midazolam – dose per injection 0.8 mg/kg in fit adult 0.4mg/kg in the elderly. Requires adherence to stringent protocol Daily maximum dose per day is as follows: IMI Olanzapine 30 mg Midazolam 15 mg in the fit</p> |

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| | mg Typical and atypical options may be combined with Benzodiazepines and must be in keeping with the daily maximum dose (see level 1) | adult All others see level 1 and 2 LESS PREFERRED OPTION IMI Typicalals a. IMI Droperidol 5 – 10 mg 20 mg/day ECG monitoring required b. Zuclopenthixol Acetate 50 – 100 mg max/day 150 mg for treatment of psychosis ONLY NB:** Intravenous benzodiazepines or droperidol/haloperidol maybe used in extreme circumstances and ONLY when adequate monitoring is available |
| If ineffective consider PER ORAL LEVEL 2 Exceeding these limits would require a consultants phone approval but if exceeds 3 x daily limit – written approval | If ineffective consider PARENTERAL INTERVENTIONS. Exceeding these limits would require a consultants approval | Exceeding daily limits would require a consultants' approval. *Administeing IMI olazapine OR Zuclopenthixol Acetate requires authority by psychiatric registrar. Refer to specific policy guidelines on administering the drug |
| <p>ALERTS EPSE's should be monitored and treated: Benztropine 2 mg IM or IV may be required for acute dystonia's (max 6 mg/24 hrs). Anticholinergic agents NOT to be used routinely but on as required basis.</p> <p>PRECAUTIONS Lower doses should be considered in the elderly, patients with low body weight, intoxication (drugs, alcohol), ethnicity, dehydration, or no previous exposure to antipsychotic medications. Monitor respiratory function when Benzodiazepines are administered parenterally. Monitor postural blood pressure 30 minutes post dose. Monitor ECG if using high doses of antipsychotics, notably typicalals</p> <p>CONSIDERATIONS Be cognizant of cumulative effect of ALL medication</p> | | |

(Castle et al., 2005)

Castle, D., Daniel, J., Knott, J., Fielding, J., Goh, J., & Singh, B. (2005). Development of clinical guidelines for the pharmacological management of behavioural disturbance and aggression in people with psychosis. *Australasian Psychiatry*, 13(3), 247-252.