

**Please affix patient Identification label**

**Can use Template on SystmOne**

**Rapid Tranquillisation Care Plan**

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| **Date Implemented: Implemented by: Signature:** |
| **What constitutes rapid Tranquillisation?** |
| Rapid Tranquillisation is the use of medication, given by injection, to attempt to rapidly calm, or modifythe behaviour of a patient to end a period of violence or aggression which may be harmful to the patient or others. It will be prescribed as part of a response to violence or aggression. |
| **De-escalation Techniques’ Utilised** |
| **Yes** | **No** | If de-escalation techniques not utilised please explain reason why. |
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| **Details of clinical presentation which led to use of rapid Tranquillisation.** |
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| **Details of the Medication administered** | Drug | Dose | Time | Route |
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|  |  |  |  |
| **If oral medication not administered, please state why.** |  |
| **Early Warning Score must be recorded every 15 minutes for the first hour following****administration of rapid Tranquillisation.** (As a minimum the **respirations** and level of **consciousness (AVPU)** is to be recorded and entry made in clinical records as to why full observations can’t be recorded) |
| Time | Level ofconsciousness (AVPU) | Respiration rate | O2sats | Pulse | Temperature | Blood pressure | EWS | Signature |
| **Record if safe or clinically indicated** |
|  | The physical observations above must be documented on patients TPR chart, EWS must be calculated.Time, EWS, and signature to be documented here on this care plan. |  |  |
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| **Early Warning Score must be recorded every half hour for the next three hours following administration of rapid Tranquillisation.** (As a minimum the **respirations** and level of **consciousness (AVPU)** is to be recorded and entry made in clinical records as to why full observations can’t be recorded) |
| Time | Level of consciousness (AVPU) | Respiration rate | O2sats | Pulse | Temperature | Blood pressure | EWS | Signature |
| **Record if safe or clinically indicated** |
|  | The physical observations above must be documented on patients TPR chart, EWS must be calculated.Time, EWS, and signature to be documented here on this care plan. |  |  |
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| **ONLY COMPLETE IF ANTIPSYCHOTIC IS USED****Has an ECG been taken in the past 3 months which showed no abnormalities?** |
| **Yes** | **No** | If **No:** ECG is to be done at the earliestopportunity. | **Date ECG completed.** |
|  |  | If ECG not undertaken, please state reason why. |
| DateTime | Evaluation of patient’s clinical response within one hour ofadministration of rapid Tranquillisation. | Signature |
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| DateTime | Evaluation of patient’s clinical response within two hours ofadministration of rapid Tranquillisation. | Signature |
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| DateTime | Evaluation of patient’s clinical response within three hours ofadministration of rapid Tranquillisation. | Signature |
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| DateTime | Evaluation of patient’s clinical response within four hours ofadministration of rapid Tranquillisation. | Signature |
|  |  |  |
| DateTime | Record of meeting with patient to discuss their perception of how their clinical presentation was managed and the use of rapidTranquillisation. | Signature |
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