

**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 modify  the 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 of  consciousness (AVPU) | | | | Respiration rate | O2  sats | | 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 | O2  sats | | 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 earliest  opportunity. | | | | | | **Date ECG completed.** | | | | | | |
|  |  | | | If ECG not undertaken, please state reason why. | | | | | | | | | | | | |
| Date  Time | Evaluation of patient’s clinical response within one hour of  administration of rapid Tranquillisation. | | | | | | | | | | | | Signature | | | |
|  |  | | | | | | | | | | | |  | | | |
| Date  Time | Evaluation of patient’s clinical response within two hours of  administration of rapid Tranquillisation. | | | | | | | | | | | | Signature | | | |
|  |  | | | | | | | | | | | |  | | | |
| Date  Time | Evaluation of patient’s clinical response within three hours of  administration of rapid Tranquillisation. | | | | | | | | | | | | Signature | | | |
|  |  | | | | | | | | | | | |  | | | |
| Date  Time | Evaluation of patient’s clinical response within four hours of  administration of rapid Tranquillisation. | | | | | | | | | | | | Signature | | | |
|  |  | | | | | | | | | | | |  | | | |
| Date  Time | Record of meeting with patient to discuss their perception of how their clinical presentation was managed and the use of rapid  Tranquillisation. | | | | | | | | | | | | Signature | | | |
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