Dear Colleague

This letter authorises the extended use of the following guidance until December 2022:

**Medication Use For Acute Behavioural Disturbance During The COVID-19 Pandemic, Version 1**

This guidance remains clinically accurate and relevant.

If you have any queries regarding this please do not hesitate to contact the Pharmacy and Medicines Directorate.

Yours sincerely

Lesley Coyle
Chair of Medicines Guidelines and Policies Group
Medication Use For Acute Behavioural Disturbance During The COVID-19 Pandemic

Co-ordinators:  Consultation Group:  Approver:
Principal Pharmacist, Mental Health Operational Clinical Director, Mental
Cornhill Medicines Management Health and Learning
Group Disability Services

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Version 1

Executive Sign-Off
This document has been endorsed by the Director of Pharmacy and Medicines Management

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Responsibilities for implementation:

Organisational: Operational Management Team and Chief Executive
Sector: General Managers, Medical Leads and Nursing Leads
Departmental: Clinical Leads
Area: Line Manager

Review frequency and date of next review: This policy will be reviewed in one year or sooner if current treatment recommendations change.

Responsibilities for review of this document:

Lead Author/Co-ordinator: Principal Pharmacist, Cornhill

Revision History:

<table>
<thead>
<tr>
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* Changes marked should detail the section(s) of the document that have been amended, i.e. page number and section heading.
Medication Use For Acute Behavioural Disturbance During The COVID-19 Pandemic


should be followed with additional consideration given to potential physical complications in patients with diagnosed or suspected COVID-19 infection.

- Consider current Personal Protective Equipment (PPE) guidance as part of the risk assessment when making clinical decisions about the management of acute behavioural disturbance.

- Exclude delirium which may be a symptom of COVID-19 infection. See local guidance (if available) or link below if delirium suspected [https://www.bgs.org.uk/resources/coronavirus-managing-delirium-in-confirmed-and-suspected-cases](https://www.bgs.org.uk/resources/coronavirus-managing-delirium-in-confirmed-and-suspected-cases)

- Oral medication should always be offered first-line to manage acute behavioural disturbance as the use of intramuscular medicines are more likely to cause dose-related side effects (e.g. respiratory depression, QTc prolongation, postural hypotension and extrapyramidal side effects).

- If prescribed antivirals, check for drug interactions – see link below: [https://www.covid19-druginteractions.org/](https://www.covid19-druginteractions.org/)

- If a patient has diagnosed or suspected COVID-19 infection and there are NO signs of respiratory compromise, cardiovascular disease or decreased level of consciousness, follow NHS Grampian Guidance above with caution, monitoring closely for any deterioration in the patient’s physical health.

- If a patient has diagnosed or suspected COVID-19 infection and is displaying respiratory symptoms then the following needs to be considered:
  - Avoid the use of benzodiazepines if possible, due to increased risk of respiratory depression.
  - If benzodiazepines are used, give the lowest effective dose for the shortest period of time. Consider the use of lorazepam due to its shorter half-life.
- Flumazenil will reverse the effects of respiratory depression caused by benzodiazepines but not if due to COVID-19 infection (NB: Flumazenil injection is held in Intensive Psychiatric Care Unit (IPCU) and the Emergency Drug Cupboard in Huntly Ward, Royal Cornhill Hospital).
- Promethazine should be used with caution due to the potential to thicken or dry lung secretions and impair expectoration.
- If an antipsychotic is required aripiprazole* 7.5mg/mL IM injection (first-line) or olanzapine^ 10mg IM injection (second-line; in-patient use only) may be used.

NB: *SPC for aripiprazole states that 'oesophageal dysmotility and aspiration have been associated with the use of antipsychotics, including aripiprazole therefore use with caution in those at risk of aspiration pneumonia'.

^Lorazepam 4mg/mL IM injection must not be given within 1 hour either side of olanzapine 10mg IM injection.

- Ensure physical health monitoring is done in line with current guidance.