P-578 - AUDIT ON THE SAFE ADMINISTRATION OF RAPID TRANQUILIZATION

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Purpose: Assess current monitoring standards of vital signs, agents in rapid tranquilization, and adverse events related to poor monitoring.
Method: Retrospective audit. 136 Physical restraints reviewed. 92 case notes examined. Gold standard: All physical restraints requiring rapid tranquilization had immediate and regular monitoring every 5 - 10 minutes for the first hour then every 30 minutes for next two hours. In repeat rapid tranquilization, same monitoring standards were examined. Adverse effects or clinical incidents were recorded along with agents used in rapid tranquilization.
Result: Of 92 physical restraints, 62 required rapid tranquilization. Of 62 rapid tranquilizations, 12 were repeat rapid tranquilizations. No rapid tranquilizations had adequate monitoring. Adverse events seen in 19% of cases, of these 40% were seen in repeat rapid tranquilization events. The most commonly used agents were a combination of benzodiazepine + antipsychotic (52%). Single agent use was associated with a higher risk of repeat physical restraint and rapid tranquilization (32%) versus combination of agents (18%).
Conclusion: Adequate monitoring of vital signs could have prevented many of the adverse events seen in this audit. Evidence suggests training of staff in both monitoring of patient and the use of de-escalation techniques can sometimes prevent the need for rapid tranquilisation or if required, ensure that it is done so in a safe manner. Recommendations included the proposal of a document for vital sign monitoring along with guidance on managing common adverse events. Training for all staff members,in use of de-escalation techniques, monitoring equipment, resuscitation skills and equipment training.

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