



NHS Lothian Depot Antipsychotic Guidelines

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1. Introduction

These guidelines have been developed by a multidisciplinary team to ensure a safe, effective and consistent approach to the management of patients receiving depot antipsychotic injections across primary and secondary care.

Scope of Guideline

The aim is to provide advice to prescribers and other healthcare professionals for prescribing, supply, administration, monitoring and transfer of care with regard to depot antipsychotic injections in all healthcare settings. It is recognised that managers and clinical staff within NHS Lothian will be jointly responsible for implementing these guidelines. Implementation plans detailing roles and responsibilities should be developed locally.

Issues relating to depot antipsychotic injections are described chronologically from initiation to maintenance treatment in all healthcare settings.

This guideline makes reference to the following documents –

1. **NHS Lothian Policy Safe Use of Medicines Policy and Procedures January 2016** (available on NHS Lothian Intranet)
2. **Feetam C. & White J. Eds. Guidance on the Administration to Adults of Oil-based Depot and other Long-Acting Intramuscular Antipsychotic Injections 5th Edition (2016).** Available at www.hull.ac.uk/injectionguide accessed - 17/10/2016
3. **Nursing & Midwifery Council – The Code – Professional Standard of Practice and Behaviour for Nurses and Midwives – March 2015** (available at – www.nmc-uk.org) accessed 17/10/2016

2. Initiation and choice of depot antipsychotic injection

Depot antipsychotic injections should be initiated on a consultant psychiatrist's (or associate specialist) advice only.

Best practice is that the decision for the choice of preparation should routinely be recorded in the patient's notes.

'Consider offering depot/long acting injectable antipsychotic medication to people with psychosis or schizophrenia:

- Who would prefer such treatment after an acute episode
- Where avoiding covert non-adherence (either intentional or unintentional) to antipsychotic medication is a clinical priority within the treatment plan.'

(NICE - Psychosis and Schizophrenia in adults: prevention and management clinical guideline February 2014).

Prescribers should refer to both the most current BNF and the Lothian Joint Formulary for recommended choices and dosage information.

Good prescribing practice requires that generic names only are used and the frequency is stipulated in weeks or months (if monthly it should be given on the same date each month or e.g. first Monday of each month). For example aripiprazole and paliperidone are given monthly, on the same date each month i.e. per calendar month. Zuclopenthixol and haloperidol can be given monthly which in this case is every 4 weeks. When prescribing zuclopenthixol the longer acting preparation must be clearly specified (zuclopenthixol decanoate) to avoid confusion with Clopixol Accuphase (zuclopenthixol acetate).

Depot antipsychotic injections should initially be prescribed under the supervision of a consultant psychiatrist, a test dose given if appropriate and the dose titrated according to the patient's response. Titration of first generation depot antipsychotic injections should be undertaken slowly to allow for close monitoring for the emergence of side effects. If needed oral preparations can be offered to expedite dose changes or titration.

Patients may be given a Depot Antipsychotic Injection/Appointment Card when the first dose is administered, and are encouraged to carry this card at all times if they would find this helpful in terms of their treatment. Patients must always be provided with a patient information leaflet about the depot antipsychotic injection prescribed.

Depot antipsychotic injection cards are available from supplies via PECOS code: PCT 067

GP's should be informed as soon as reasonably possible of the prescription of a depot antipsychotic injection for a community patient.

3. Maintenance / ongoing treatment with depot antipsychotic injections

Patients may receive their depot antipsychotic injection in a variety of settings e.g.-

- Outpatient clinics
- Patients home
- GP surgery
- Nursing home
- Hospital ward /clinic

The setting will be dependent on clinical considerations and personal choice. It is anticipated that these guidelines will be adapted to accommodate the setting in which the patient receives their depot antipsychotic injection. It is recognised that managers and clinical staff within NHS Lothian will be jointly responsible for implementing these guidelines.

The roles and responsibilities of all members of the healthcare team relating to the prescribing, supply, administration, monitoring, transfer of care and review of depot antipsychotic injections must be clear. It is recommended that all patients receiving depot antipsychotic injections are reviewed by a psychiatrist, at least annually.

The annual review should consist of

- Current dose
- Response to treatment
- Glasgow Antipsychotic Side-effect Scale (GASS) –for measurement of side-effects (available on NHS Lothian Intranet)
- Clinical Global Impression (CGI) - rates illness severity (available on NHS Lothian Intranet)
- Schizophrenia ICP requires physical health monitoring

4. Transfer of care (including discharge from hospital)

Transfer of care has been identified as a high risk time for potential errors in prescribing and administration to occur.

Essential information pertaining to depot antipsychotic injections will be routinely recorded in the immediate discharge / transfer letter. This will include –

- Preparation
- Dose
- Frequency
- Date of last administration
- Date next due

It is the responsibility of the referring clinical team to ensure that the receiving clinical teams have the above information in a timely manner and that there is a record of this transfer of information in the patient's records. It is the responsibility of the receiving clinical team to ensure that the appropriate prescription is in place. Following transfer, staff responsible for administering the depot antipsychotic injection must ensure a record is made of when the next depot antipsychotic injection is due according to local procedure (e.g. ward/practice diary) and ensure an entry put on TRAK documenting depot antipsychotic injection administered and when patient's next depot antipsychotic injection is due.

5. Appointment arrangements

Depending on the setting (e.g. hospital, GP, CMHT) local arrangements may vary, but the following should be implemented:

- The patient's details should be recorded on an operational call/recall register and a system put in place to manage this. Typically this will be a diary. Please give consideration as to where this information is stored locally to minimise errors and distractions. It is advised these should be kept as near to the site of administration as possible.
- A robust system must be in place to ensure that patients who default are identified
- The prescriber should be notified when someone defaults on depot antipsychotic injection treatment and any actions agreed need to be recorded in clinical case notes.
- Some people may require an individual plan of care regarding missed appointments that is communicated to/agreed with patients and other relevant services
- Patients may choose to have a depot antipsychotic injection card or another appointment card as a prompt to remind them of appointment times. On occasion some patients may need a written reminder of their appointment time. Text message reminders of appointments can also be used.
- Staff undertaking home visits to administer depot antipsychotic injections must be familiar with the current **NHS Lothian Policy Safe Use of Medicines Policy and Procedures** to ensure the safe storage and transportation of medicines.
- Practice nurses within GP surgeries should follow an agreed care plan when administering depot antipsychotic injections to people who are relatively unknown to psychiatric services. The care plan is agreed between primary and secondary care when the administration is

being transferred and should include review processes, action to be taken if patient does not attend (DNA's) and what support is available from psychiatric services and how support is accessed.

6. Administration and Side Effects

Depot antipsychotic injections must be administered by the deep intramuscular route into the muscle as licensed using the **z-track method and if possible agreed with the patient**. Please see Standard Operating Procedure 2 in UK national guidance document – Page 47. Available at-

www.hull.ac.uk/injectionguide

Specific depot antipsychotic injection preparations may require additional monitoring. Arrangements to meet these requirements need to be discussed with the clinical team and documented clearly. For example, patients receiving olanzapine depot antipsychotic injections are required to be observed for a period of at least 3 hours post administration to monitor for signs and symptoms consistent with olanzapine overdose. This period can be extended if clinically required.

Formal evaluation of side effects should be carried out on an annual basis and more frequently if indicated i.e. following a change in dose. The NMC requires all registered nursing staff administering a depot antipsychotic injection to seek consent before treatment is administered.

Ensure that all equipment and residual medicine are disposed of in accordance with NHS Lothian Infection Control Manual CP001- Infection prevention & control – national manual appendix 12 (available on NHS Lothian Intranet). Sharps boxes must be readily available including those, which can be easily transported to people's homes.

It is highly recommended that the first dose of a newly prescribed depot antipsychotic injection be administered on NHS/healthcare premises. Anaphylactic reactions are an extremely rare adverse effect of depot antipsychotic injections. There is no requirement for staff to carry adrenaline when administering depots and staff should manage any suspected reaction in line with local policies.

7. Choice of needle and syringe

All needles and syringes must be used safely and securely in order to reduce risk associated with their use. If a depot antipsychotic injection is provided in a pack alongside a syringe and needle, the syringe and needle provided **MUST ALWAYS** be used.

The syringe and needle which accompany the drug will have undergone a rigorous evaluation process for the company to gain a marketing authorization for their product. It is important to read the manufacturer's instructions as packaging and presentation may vary. Always refer to the information leaflet or summary of product characteristics (SPC) prior to using.

If staff is required to select an appropriate needle and syringe the following should be considered:

- **Syringe** – there are three main types available: Luer lock, Luer slip tip and eccentric/concentric Luer slip tip. The Luer lock type is most commonly used for intramuscular injections. The needle must be attached in a push-and-twist manner ensuring the chamfer of the needle is in the same line of sight as the graduation on the syringe. Simply sliding the needle hub onto the syringe will not ensure a secure fitting. The smallest possible size of syringe should be selected to accommodate the volume of the product to be given.
- **Gauge** – this refers to the outer diameter of the needle, not the length of the needle or its internal bore (lumen). Various needle lengths are available for any given gauge and some needles are manufactured with larger internal bores than standard to accommodate the particular needs of a specific product. Smaller gauge numbers indicate larger outer diameters. Needles in common medical use range from 7 gauge (the largest) to 33 (the smallest) on the Stubs scale. Inner diameter depends on both gauge and wall thickness. Thin wall needles have identical outer diameters but larger inner diameters for a given gauge. 21 gauge needles (green hub) are most commonly used for intramuscular injections. The narrowest needle which complies with the product license should be used. Where needles are supplied with an injection, **ONLY** those needles should be employed.
- **Needle length** – this will be indicated on the needle pack in inches and/or millimeters. A variety of lengths are available and an assessment of the length of needle required to reach the muscle should be made on an individual patient basis. Today's single use hypodermic needles are subject to robust quality control on manufacture and as a result are unlikely to break.
- The expiry dates of all equipment must be checked before use.

A clinical decision may be required regarding the choice of depot antipsychotic injection if there are concerns about delivery of the drug. This should be discussed with the patient's consultant psychiatrist and a change in depot antipsychotic injection may be required.

8. Recording administration

Particular attention should be given to the following points, as this is where reported medication incidents have occurred. Standard operating procedures for the checking and recording of depot antipsychotic injection injections are available with the NHS Lothian – [Safe Use of Medicines Policy](#) (check index for current page via intranet).

Examples of medication incidents or near misses include:

- Doses administered in error before or after next due.
- Due to poor communication, doses missed.
- Wrong medication or dose dispensed or administered.

Points of Principle

- Ideally two members of staff should check the medication and the date it is due, before administration. However, there will be situations where this is not possible. Best practice states two members of staff should check but if not possible, one member of staff can check and administer depot antipsychotic injection.
- **Special care should be taken when calculating doses.**
- As a measure to prevent errors arising, it is good practice to inform other care providers when the patients' next depot antipsychotic injection is due e.g. care home staff.
- Decisions to change the administration date of a depot antipsychotic injection should be made in consultation with medical staff and clearly documented in medical notes.
- The administration of medicines must be undertaken in a methodical manner and distractions must be minimised while medicines are being selected, prepared and administered.

Procedure -

If a witness is available, each step of the procedure must be witnessed.

- Read the prescription carefully.
- Check that the medicine is correct for the patient.
- Ascertain that the prescribed dose has not already been given. Select the medicine required and check name and strength of the drug on the label against the prescription. Check the expiry date. Identify the patient by checking the name on the prescription against the name on the patient's identity band and or photograph, or ask the patient to state his or her name and date of birth. The date recorded on the prescription sheet from the previous administration of the depot antipsychotic injection should agree with the 'depot antipsychotic injection due date'.
- Record administration site, date and next due date in appropriate documentation for example medicine administration record and patient-held depot antipsychotic injection card if there is one.

Record when the next depot antipsychotic injection is due according to local procedure e.g. in ward/practice diary, mental health kardex and patient records. It is expected that teams/wards will undertake a weekly review of who has received depot antipsychotic injections that week and the next due date is carried forward in diary /operational log i.e. checking individuals kardex against log of dates due (diary).

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9. Medication related issues

The following points must be addressed when prescribing a depot antipsychotic injection:

Concomitant medication

Prescription of an oral antimuscarinic may be considered if the patient experiences EPSE (Extra Pyramidal Side Effects). Prescribers should be aware of any other medication (including over the counter (OTC) medicines) that the patient may be taking. This is particularly important when the psychiatrist prescribes the depot antipsychotic injection whilst the GP prescribes other medicines. GP's should record the preparation and dose of the depot antipsychotic injection in the patient's computer prescribing record. This will enable the GP clinical system to identify interactions and provide an accurate record for the Emergency Care Summary (ECS).

Communicating changes to depot antipsychotic injection prescription

Good practice is that the prescriber informs the patient if changes are made to the depot antipsychotic injection prescription and the rationale behind the change. The patient's GP should be informed if the patient receives the depot antipsychotic injection from mental health services. Changes should be communicated as soon as possible. If the GP practice has been requested to administer the depot antipsychotic injection then this must be done within 48 hours. On receipt of this information the prescriber should amend the patient's regular prescription as appropriate. There must be a process for the effective communication of prescription changes within the team e.g. GP to practice staff. Staff responsible for administration must ensure that they have confirmed the current prescription prior to administration.

Drug interactions

Be aware of drug interactions between depot antipsychotic injections and other medicines (refer to current edition of BNF).

High-dose antipsychotics

It is possible that a patient who is receiving a depot antipsychotic injection may also take oral antipsychotics either on a regular or 'as required' basis. This may result in the patient receiving high-dose antipsychotics as defined by the consensus statement issued by the Royal College of Psychiatrists (see BNF section 4.2). Guidelines for high-dose antipsychotic monitoring are available on NHS Lothian Intranet. A member of the team should have delegated responsibility for identification of high-dose prescriptions which will prompt appropriate monitoring. Where a clinical pharmacist is a member of the multidisciplinary team, they can undertake this role.

T2 /T3 Mental Health (care and treatment) (Scotland) Act 2003

Where a patient is detained under the Mental Health Act consent needs to be clearly documented after 2 months of receiving treatment. A T2 or T3 form needs to be completed and a copy of this form must be attached to the depot antipsychotic injection prescription. It is the responsibility of the prescriber and the clinical pharmacist to ensure forms are completed.

General physical health monitoring

People with psychotic illnesses receiving treatment by depot antipsychotic injection are at risk of a variety of physical health problems and may have difficulty accessing medical help.

It is recommended that national guidance is followed and physical health monitoring is carried out annually or more frequently if required in the most applicable setting.

The primary care team remains responsible for the investigation and treatment of general physical health problems arising in patients on depot antipsychotic injections who present to them. Effective communication and close liaison between specialist and community services is desirable.

The general physical health of patients receiving a depot antipsychotic injection will remain the responsibility of the primary care team.

10. Maintaining competence and teaching requirements.

All professional bodies require that practitioners practice within their competence and ensure patient safety.

It is essential that those prescribing and administering depot antipsychotic injections do so in accordance with current policy, legislation and best practice guidance.

This is especially relevant where registered practitioners are teaching students. All registered practitioners with responsibility for teaching students to administer depot antipsychotic injections must be familiar with the policy and legislative framework around the topic. This includes the documents listed in the introduction. In addition, the National Patient Safety Agency (NPSA) has some relevant and helpful guidance. This includes a link to an e-learning module on injectable medicines from the BMJ.

11. Useful contacts

Depot antipsychotic injection cards

Order via PECOS code: PCT 067

They are available in packs of 1000 cards.

Patient information leaflets

Available via www.medicines.org.uk or <http://www.choiceandmedication.org/nhs24/>

High-dose antipsychotic monitoring form

Available from the intranet <http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/MedicinesManagement/MentalHealth/Documents/High%20dose%20antipsychotic%20guidelines%202015.pdf> or

Clinical Pharmacy Office Pharmacy Department
Royal Edinburgh Hospital

☎ 0131 537 6823 or 0131 537 6372

National Institute for Clinical Excellence (NICE) - www.nice.org.uk

NICE Guideline CG178 Psychosis and Schizophrenia in adults: prevention and management. February 2014.

The Lothian Joint Formulary - www.ljf.scot.nhs.uk

British National Formulary (BNF) available via medicines complete-
<https://www.medicinescomplete.com/mc/bnf/current/>

Lothian Referral Guidance – Refhelp (Electronic Version) -

<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/Referrals/Pages/RefHelp.aspx>
(intranet)

<http://www.refhelp.scot.nhs.uk/> (internet)

12. Authorship

Guideline working party membership

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