NHS FORTH VALLEY

Good practice guidance for the administration of depot and long acting antipsychotic intramuscular injections

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Good practice guidance for the administration of depot and long acting antipsychotic intramuscular injections

1. Introduction .......................................................................................................................... 4
2. Context .................................................................................................................................... 4
3. Scope ....................................................................................................................................... 5
4. Definition .................................................................................................................................. 5
5. Principles of medicine administration ....................................................................................... 6
6. Patient information and consent ............................................................................................... 7
7. The Prescription ......................................................................................................................... 7
8. Recording on the Prescription/ recording sheet .......................................................................... 8
9. Test Doses Prior to Administration .......................................................................................... 8
10. Transportation of medicines in the community ......................................................................... 8
11. Storage of medicines ............................................................................................................... 8
12. Side effect monitoring .............................................................................................................. 9
13. Additional Formal Training ..................................................................................................... 9
14. Appendices .............................................................................................................................. 10
14.1 Appendix 1: Quick Reference Guide for Administration of Long-Acting Antipsychotic Injections ......................................................................................................................... 10
14.2 Appendix 2: Examples of different equipment provided with an injection ............................. 11
Figure 1: Paliperidone injection equipment ..................................................................................... 11
Figure 2: Risperidone injection equipment ...................................................................................... 11
Figure 3: Olanzapine injection equipment ....................................................................................... 11
14.3 Appendix 3: Checklist for administration of a long-acting intramuscular injection ............... 12
14.4 Appendix 4: Patient leaflet for long acting antipsychotic injections ...................................... 14
14.5 Appendix: 5 Consent to treatment: Compulsory Treatment Orders ..................................... 16
15. References ............................................................................................................................... 17
1. **Introduction**

Long Acting Antipsychotic Injections (LAAIs) are made up of both oil-based depot injections, e.g. Fluphenazine, and aqueous based injections, e.g. Risperidone long acting injection (Risperdal Consta®). Across NHS Forth Valley we have a number of clinics and wards where Depot/ LAAIs are administered, and also a number of practitioners who administer LAAIs to patients in their own home.

In order to ensure that patients receive the best possible standards of care, we need to ensure that our practices, skills and techniques are regularly reviewed and are in keeping with current and evidence based practices. These guidelines offer clarity to practitioners regarding the appropriate techniques based on recent research. This good practice guide should be read and referred to alongside other clinical guidelines (see below) for the intramuscular injection of Depot and LAAI:

- NHS Forth Valley Code of Practice
- Infection Control Policies
- Waste Disposal Operational Policy
- Use of Paliperidone Palmitate Long Acting Injection
- Olanzapine depot guideline
- Managing Medication Safety Policy
- NMC Standards for medicines management
- SIGN Guidance for the management of Schizophrenia
- Storage and Handling of Vaccines and Pharmaceutical Products In GP practices, Health Centres and Clinics

2. **Context**

Depots and LAAIs provide some advantages that oral medication cannot. They provide a transparency of non adherence to treatment and greater stability in blood concentration, which seems to be beneficial to effect and side-effect profiles. Over the last ten years several pharmaceutical developments has resulted in the introduction of atypical antipsychotic injections. These, in addition to the existing typical formulas, have enabled a greater choice in depot/ LAAIs. Licensing of these new products has also led to greater injection site choice and the need for nurses to extend their remit of competence. This guidance is intended to provide principles based on current evidence based practice in the administration of depot and LAAIs. It replaces the previous “Depot Neuroleptics: a good practice guide”.

In accordance with SIGN guidelines for the management of Schizophrenia (March 2013)

“Individuals with schizophrenia who request depot and those with medication adherence difficulties should be offered maintenance treatment with depot antipsychotic medication.”
In accordance with NICE clinical guidelines for Schizophrenia (March 2009)

- A risk assessment should be performed by the clinician responsible for treatment and the multidisciplinary team regarding concordance with medication, and depot [LAAI] preparations should be prescribed, when appropriate.

- Depot [LAAI] preparations should be a treatment option where a patient expresses a preference for such treatment because of its convenience, or as part of a treatment plan in which the avoidance of covert non-adherence with antipsychotic drugs is a clinical priority.

- For optimum effectiveness in preventing relapse, depot preparations should be prescribed within the standard recommended dosage and interval range.

- Following full discussion between the responsible clinician and the patient, the decision to initiate depot [LAAI] should take into account the preferences and attitudes of the service user towards the mode of administration and organisational procedures. (For example, home visits and location of clinics)

3. **Scope**

This guidance although tailors to those working in Mental Health Services, includes advice to all clinicians administering depot and long acting injections across NHS Forth Valley in both primary and secondary care. It attempts to link current evidence with existing policies to enable standardised processes and appropriate techniques of injection administration across all services (primary or secondary care) and environments (ward, clinic or patient’s home).

It sets out a process to aid effective and informed Depot/ LAAI administration and has been derived from current research evidence, where available.

It offers clear guidance on issues such as:

- Medicine administration principles,
- Depot/ LAAI preparation,
- consent,
- how to help prepare the patient,
- administration and
- Monitoring and evaluation of possible side effects.

It will assist a decision-making pathway and reflect the degree of expertise the qualified nurse requires in terms of clinical and decision-making skills.

4. **Definition**

A Depot injection is

“a special preparation of the medication, which is given by injection. The medication is slowly released into the body over a number of weeks”.

(RCPSYCH 2010)
5. **Principles of medicine administration**

The process of administering an intramuscular injection has been a topic of discussion over the last few years. The lack of standardised processes, review of current knowledge and evidence of out of date practices has led to the development of Standard Operating Procedures of which the quick reference guide, check list has been based on.

**Standard 8 of the NMC Standards for Medicine Management on Administration states:**

“As a registrant, in exercising your professional accountability in the best interests of your patients:

- you must be certain of the identity of the patient to whom the medicine is to be administered
- you must check that the patient is not allergic to the medicine before administering it
- you must know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications
- you must be aware of the patient’s plan of care (care plan or pathway)
- you must check that the prescription or the label on medicine dispensed is clearly written and unambiguous
- you must check the expiry date (where it exists) of the medicine to be administered
- you must have considered the dosage, weight where appropriate, method of administration, route and timing
- you must administer or withhold in the context of the patient’s condition (for example, Digoxin not usually to be given if pulse below 60) and co-existing therapies, for example, physiotherapy
- you must contact the prescriber or another authorised prescriber without delay where contra-indications to the prescribed medicine are discovered, where the patient develops a reaction to the medicine, or where assessment of the patient indicates that the medicine is no longer suitable.
- you must make a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the patient, ensuring the signature is clear and legible; it is also your responsibility to ensure that a record is made when delegating the task of administering medicine.

**In addition:**

- Where medication is not given, the reason for not doing so must be recorded.
- You may administer with a single signature any prescription only medicine, general sales list or pharmacy medication”. 
6. **Patient information and consent**

“Treatment and care should take into account patients’ individual needs and preferences. Good communication, supported by evidence-based information, is essential. Healthcare professionals are reminded of their duty under the Disability Discrimination Act (2005) to make adjustments to ensure that all people have the same opportunity for good health. Healthcare professionals should follow the code of practice that accompanies the Mental Capacity Act (2005) if concerned about patient capacity. If the patient agrees, families and carers should have the opportunity to be involved in decisions about treatment and care.” (NICE 2009).

Medication choices should be supported by the following guidance:
- **Condition specific integrated care pathways algorithms.**
- **SIGN Guidance**
- **NICE guidance**

To aid informed decisions, patient information leaflets on psycho-pharmacological medicines can be found at [NHS inform](http://www.nhsinform.scot). This website gives clear information on individual depot/ LAAIs. More information can be found at [Royal College of Psychiatry](https://www.rcpsych.ac.uk). A **service user information leaflet** has been developed regarding providing general information on depot/ LAAIs. More information on side effects and injection technique can be found at [Reach4Resource website](http://www.reach4resource.com).  

7. **The Prescription**

All depot/ LAAIs must be prescribed and the administration must be recorded on a recording chart at time of administration.

The prescription must be legally written and signed by a doctor or non medical prescriber before the Depot/ LAAI can be administered to the patient.

Prescription details must include:
- The prescribers’ signature.
- The patient’s full name, not an assumed name
- The patient’s address
- The patient’s CHI number
- The patient’s date of birth.
- Any known allergies or sensitivities, including sensitivities to dressings/ plasters. If none, then ‘no known drug allergies’ must be written.
- Special notes, (i.e. only accepts the injection lying down, prefers a particular site)
- The drug name, dosage, strength and frequency of administration.
8. **Recording on the Prescription/ recording sheet**

The nurse’s signature or two initials must then be added in the relevant section of the prescription /recording chart once the medication has been given, along with details of the site where the medication has been given. If for some reason the injection cannot be administered e.g. patient or drug unavailable, the appropriate code should be used. An alternative date is to be arranged and written on the prescription/ recording sheet. Any incidents when the medication has not been given as prescribed should be easily indefinable and reviewed, if required.

9. **Test Doses Prior to Administration**

Depot/ LAAIs are long-acting medications that take a long period to fully wash out of the body. Therefore adverse effects, which result from injection, are likely to be long-lived. It is recommended that patients are given a small test dose before the onset of the therapeutic dose for treatment, to avoid severe and prolonged adverse effects. This can be in a small dose of the injection to assess tolerance or with Risperidone and Palperidone long acting injections oral preparations are used for this purpose.

In regards to Palperidone LAAI, a loading dose is used to provide a rapid steady dose, see guidance.

10. **Transportation of medicines in the community**

   - Medicines that are being transported to community bases or patients’ homes must be under the personal control of the member of staff at all times.
   - The medicines should be transported in a non identifiable manner.
   - If transportation is by car, any medicines, equipment and documentation must be kept in the locked boot of the car when they are not under personal control.

11. **Storage of medicines**

On occasion, patients will ask to have their medicine stored in a health facility. This agreement may help ease of access or a way of reducing safety concerns. Even though this medicine is stored within the appropriate locked drug cupboard it still remains the property of the individual to whom it is prescribed and should not be used for any other patient. See NHS Forth Valley's Code of Practice for the Control of Medicines.
12. **Side effect monitoring**

Despite advances in medicines, which have improved stability and reduced relapses for patients receiving antipsychotic medicines, many patients continue to experience unpleasant side effects. One of the disadvantages of depot or long acting injections is the delayed disappearance of side effects after discontinuation. Side effect monitoring had been highlighted as important in the previous Forth Valley Guidance (2003) identifying LUNSERS (Liverpool University Neuroleptic Side Effect Rating Scale) and AIMS (Abnormal Involuntary Movement Scales) as routine rating scales for typical and atypical antipsychotics. However in recent times LUNSERS has raised an ethical concern about its use of “Red Herrings” and that with its 51 questions lacks patient friendliness. The development of the GASS (Glasgow Antipsychotic Side-effect Scale) has enabled an alternative and has been included in the Integrated Care Pathway (ICP) for Schizophrenia and available on our electronic clinical documentation (FACE).

People with serious mental illness are more likely to have a shortened lifespan compared to the general public. This has led to the development of a Physical Health Guideline and Shared Care Policy which highlights the need for routine monitoring and increasing opportunities to share health promotion information. Patients are encouraged to have input regarding medication decisions which can have a positive effect on concordance of treatment.

13. **Additional Formal Training**

Additional training is available on Learnpro

Role Specific Mandatory Modules:
- Anaphylaxis
- Mental Health, Safe Administration of Medicines

CDP:
- NES Needlestick Injury
14. Appendices
14.1 Appendix 1: Quick Reference Guide for Administration of Long-Acting Antipsychotic Injections

**Quick Reference Guide for Administration of Long-Acting Antipsychotic Injections (Depots)**

**Before seeing the patient:**
1. Check that Prescription is legal and fully completed
2. Check legal status relating to any T2 or T3 forms
3. Check when the injection was last given
4. Check which site the injection is to be given to (be aware of drug licence)
5. Check allergy status

**When preparing the injection:**
1. Check the drug name and strength/concentration (If Brand name written only brand name can be administered)
2. Check expiry date, (if refrigerated ensure it is at room temperature i.e. remove at least an hour prior to administration)
3. Calculate the volume Required
   \[ \text{Volume} = (\text{Required Dose} \div \text{Stock Dose}) \times (\text{Stock Volume} \div 1) \]
4. Draw up the injection (do not use a filter needle for depot medicines).
5. Have another Nurse independently check the injection against the prescription wherever possible (if appropriate this can be the patient)
6. Change Needle after drawing up the injection.

**With the Patient**
1. Confirm Patient Identity (use DOB, Photograph or Wristband)
2. Obtain Consent (or refer to T3) be aware of capacity to consent e.g. intoxication etc
3. Explain the Procedure to the patient. Offer choice of position (lying, sitting or standing as appropriate, consider gender of nurse and possible need for chaperone)
4. Confirm dose and preparation with patient
5. Confirm when last given with the patient, check for any adverse effects
6. Confirm allergy status
7. Identify and check site and administer using the Z-Track Technique.
8. Infusion rate should be slow and steady - 10 sec per 1 ml, hold for 10 sec before withdrawing needle

**After giving the injection**
1. Record the administration on the Medication Administration Record immediately
2. Record in the Nursing Notes – Include site, dose, preparation and when next due.
3. Record next due date in the Diary
4. Ensure the patient is advised when the injection is next due arrange an appointment. give appointment card

*Developed by Renee Clough*
14.2 Appendix 2: Examples of different equipment provided with an injection

These second generation antipsychotic injections are provided with the equipment needed to administer. Please use equipment provided and the appropriate needle for the injection site.

The different needles included in the Paliperidone and Risperdal Consta packs are to enable choice of injection site. Please see packs for direction.

Figure 1: Paliperidone injection equipment taken from
http://www.medicines.org.uk/EMC/medicine/26851/PIL/XEPLION+150mg+and+100mg+prolonged+release+suspension+for+injection+-+initiation+pack/

Figure 2: Risperidone injection equipment taken from

Figure 3: Olanzapine injection equipment taken from
http://www.medicines.org.uk/EMC/medicine/21424/PIL/Zypadhera+210mg,+300mg+and+405mg+powder+and+solvent+for+prolonged+release+suspension+for+injection/
### 14.3 Appendix 3: Checklist for administration of a long-acting intramuscular injection

<table>
<thead>
<tr>
<th>Step</th>
<th>Rational</th>
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<tbody>
<tr>
<td>Read the patient’s clinical record. Check Treatment Plan T2/T3 that the injection is in their treatment plan</td>
<td>Have an up to date clinical knowledge of the patient</td>
</tr>
<tr>
<td>Identify patient</td>
<td>Reduces the risk of adverse patient outcome</td>
</tr>
<tr>
<td>Check that there are no changes to patient’s health that requires review, both mental and physical</td>
<td>Legal requirement</td>
</tr>
<tr>
<td>Assess capacity to consent or where not able to consent that Section 47 (incapacity) has been completed.</td>
<td></td>
</tr>
<tr>
<td>Check prescription is valid</td>
<td>Prescription inaccuracy will place both patient and clinician at risk</td>
</tr>
<tr>
<td>- Patient’s full name,</td>
<td></td>
</tr>
<tr>
<td>- allergy section completed,</td>
<td></td>
</tr>
<tr>
<td>- legible, dated,</td>
<td></td>
</tr>
<tr>
<td>- signed by prescriber,</td>
<td></td>
</tr>
<tr>
<td>- dose and frequency recorded</td>
<td></td>
</tr>
<tr>
<td>Ask patient when their last injection was given</td>
<td>Cross check that the current injection has not already been given.</td>
</tr>
<tr>
<td>Ensure environment is free from clutter and interruption. Consider patients privacy and dignity</td>
<td>Respect patient’s dignity, consider health and safety</td>
</tr>
<tr>
<td>Assemble equipment required:</td>
<td></td>
</tr>
<tr>
<td>- Tray</td>
<td>Prevention of infection</td>
</tr>
<tr>
<td>- Sharps container</td>
<td></td>
</tr>
<tr>
<td>- Alcohol wipe</td>
<td>Confirm right medicine, right dose, right frequency, right patient, right time, right route</td>
</tr>
<tr>
<td>- Medication</td>
<td></td>
</tr>
<tr>
<td>- Swab and plaster</td>
<td>Reduce risk of anaphylaxis</td>
</tr>
<tr>
<td>- Clinical waste bag</td>
<td>Averse reaction outcome assessment</td>
</tr>
<tr>
<td>- Syringe and needles x2 (unless proved in the medication pack)</td>
<td></td>
</tr>
<tr>
<td>Wash hands wear disposable gloves and appropriate Personal Protective Equipment (PPE)</td>
<td></td>
</tr>
<tr>
<td>Read label on medication, check expiry date</td>
<td></td>
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<tr>
<td>and cross check with prescription and check any calculation of dose volume.</td>
<td></td>
</tr>
<tr>
<td>Prepare injection, do not re-sheath a needle</td>
<td></td>
</tr>
<tr>
<td>If available, get a second registered practitioner to double check.</td>
<td></td>
</tr>
<tr>
<td>Do not put excess down the sink.</td>
<td></td>
</tr>
<tr>
<td>Check patient’s allergy status</td>
<td></td>
</tr>
<tr>
<td>Check previous injection site</td>
<td></td>
</tr>
<tr>
<td>Check patient is in the appropriate position for administration for site selected</td>
<td>To support accuracy of location of the muscle group and prevent discomfort</td>
</tr>
<tr>
<td>Locate injection site</td>
<td>Prevents damage to nerve structures and blood vessels</td>
</tr>
</tbody>
</table>
Clean injection site using an alcohol swab for 30secs allowing to dry for 30secs
Pull skin 1-1.5 inches and maintain firm traction on skin in target area throughout the whole procedure (z track).
Insert needle at a 90° angle, taking BMI into account leave up to 0.5cm out of the skin. Aspirate, check for blood before proceeding (not required for deltoid site)

Reduces discomfort
Prevents discomfort and back flow of medication
Prevents administration into the blood stream and ensure drug is deposited into the muscle. Should blood appear withdraw needle and discard equipment and recommence procedure
To allow the muscle fibres to expand to absorb the solution. Reduces the risk of barrel locking and incomplete administration of the dose
To allow medication to diffuse at the point of entry. DONOT RESHEATH THE NEEDLE

Injection should be given at a rate of 1ml in 10 seconds

After administration wait 10 seconds then remove needle quickly. Release traction on skin.

Injection should be given at a rate of 1ml in 10 seconds

After administration wait 10 seconds then remove needle quickly. Release traction on skin.

Dispose of all sharps immediately following withdrawal from patient Safe use of Sharps Key Points Guide
Do not massage the area of injection. If necessary wipe with a dry swab, apply plaster considering patient allergies
Dispose of all equipment safely and correctly. Wash hands
Observe patient for any deviations or complications from expected outcomes during the procedure Anaphylactic reactions- initial treatment
Sign administration record and document clinical record
Advise patient who to contact if they have any concerns, arrange for next appointment. Encourage patient to notify clinician if an adverse effect is experienced. Provide patient leaflet

Minimises the risk of needle stick injury, transmission of blood borne virus
Reduces risk of contamination
Reduces risk of contamination
Allows rapid action of an untoward event and formulation of a plan of care. Reporting of the event should follow the risk management policies
Accurate recording of the procedure and any deviations from the norm are essential
The patient has all the necessary information to make continued health decisions
14.4 Appendix 4: Patient leaflet for long acting antipsychotic injections

**Antipsychotic Long Acting Injections**

Service User Information Leaflet

Long acting injections of antipsychotics are prepared in a way that allows the medication to release slowly into the body over a few weeks. Most are oil based injections that have to be injected into the buttock muscle; these are also known as “Depots”. However if you are receiving Rispendone, Paliperidone or Olanzapine the preparation is slightly different which can give more choice of where in the body it can be injected.

This leaflet will give you more information including why these drugs are used, possible side effects and where you can get further help and advice.

**NHS Forth Valley Mental Health Service**

**Scottish Recovery Network** This website contains information on supporting recovery, and a space where people can read and share stories about recovery from mental health problems.

**Intervicew** - This website contains information about hearing voices and an interactive online community where people can discuss their experience and support each other.

**NSF Scotland** - Works to improve the wellbeing and quality of life of those affected by schizophrenia and other mental illness, including families and carers. [www.supportinmindscotland.org.uk/](http://www.supportinmindscotland.org.uk/)

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More Information

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Where on my body can I have the injection?

The oil-based injections are thick and need to be put into the muscle site around your buttock area. Up to 2-3ml can be comfortably given this way but if you experience any discomfort please do say straight away. The Paspertone and Paspertone injections offer more choice as you can also choose to have it in the top of the arm (deltoid site). Choosing the most comfortable and dignified site is a very personal matter and should be discussed with the person who will be carrying out the injection.

Side effects—Do they have any?

All drugs have side effects. Antipsychotic long acting injections have side effects too. If the injection is the same medicine that you have been taking in tablet form, it is unlikely that new side effects will happen. Report any soreness or lumps at the site of injection to your key worker or nurse. Many of the side effects that occur can be dealt with. Please report them to your doctor or specialist.

- **Stiffness & Tremor**
  A common side effect is stiffness affecting the legs or arms. Sometimes tremor (shaking) may develop as well. With long acting injections this side effect may last only a few days while the drug levels are at a temporary peak. This side effect is usually dealt with by giving you an extra drug such as Propranolol or Citalopram. These drugs belong to the family of medicine known as anticholinergics. You can get more information from the websites listed at the end.

  - **Raised Prolactin**
    Changes in hormone levels are sometimes brought about by antipsychotics. This can result in upset periods and sexual difficulties. Breast may produce milk. Please report any such problems to your doctor.

  - **Tardive Dyskinesia (TD)**
    This is an uncommon side effect which may develop after many years of taking antipsychotic drugs. It sometimes develops out of the blue in elderly people who have never taken this type of medicine. TD shows itself as unusual body movements which affect the muscles around the mouth. TD is not a health hazard but you may feel upset or embarrassed by it. You are more at risk if you are elderly, female and have been taking antipsychotics for many years. To lessen the chance of TD your doctor should prescribe the smallest dose of medicine to keep your symptoms under control. If you are taking Propranolol (or a similar drug) it is best not to take extra doses as this can make TD worse. TD maybe helped by a change of tablets. Please discuss with your doctor any concerns you have about this condition.

Things to look out for

- A number of antipsychotics can lower blood pressure to some extent. This is not a health problem but you may feel faint if you stand up or get out of bed too quickly. Avoid this by taking your time getting up from sitting or lying down.

- Some antipsychotics make you feel more hungry than usual. You may notice that you put on weight. Healthy eating with a good amount of fibre can help this. Please ask for a leaflet on healthy eating if you think it would be useful.

- If you find that antipsychotic makes you feel drowsy you should not drive or use machines. Drinking alcohol in small amounts is safe but it will make you feel more drowsy or sleepy.

- Some antipsychotics can make you more susceptible to sun burn so you may need to be more careful in the sun and protect yourself with sun screen.

- You may feel restless, have a dry mouth or blurred vision. This maybe worse at the start of your treatment lessening as time goes on. Any concerns speak to your doctor or nurse.

Pregnancy & Breastfeeding

If you are thinking of starting a family or wish to breastfeed please discuss this with your doctor. This is so that the right checks can be made on you and your infant.

Where can I get further information?

Website providing a single source of quality assured health and care information for the public in Scotland. [www.nhsinform.co.uk/MentalHealth](http://www.nhsinform.co.uk/MentalHealth)

Drug manufacturers produce detailed leaflets about their medicines. Such a leaflet will tell you more about their drug.

These leaflets are given out with in the original pack of medicines. You can ask your pharmacist for a leaflet or you can download a copy at [www.medicines.org.uk](http://www.medicines.org.uk)
14.5 Appendix: 5 Consent to treatment: Compulsory Treatment Orders

Under Section 241 of Part 16 of the Mental Health (Care and Treatment) (Scotland) Act 2003, section 25 where the patient is incapable of consenting or does not consent, then a Designated Medical Practitioner can authorise treatment using a T3 form only if the necessary conditions are met.

Under Section 112 of the Mental Health (Care & Treatment) (Scotland) Act 2003, a patient on a Compulsory Treatment Order or an Interim Compulsory Treatment Order which imposes an attendance requirement with a view to receiving treatment who fails to comply with the attendance requirement can be compelled to attend any hospital or the required place of attendance and detained there for no more than 6 hours. However, treatment cannot be forced outside of a hospital setting. Under Section 113 of the Mental Health (Care and Treatment) (Scotland) Act 2003 section 25 if a patient is subject to a Compulsory Treatment Order or an Interim Compulsory Treatment Order which does not authorise detention in hospital and the patient fails to comply with any measure specified in the treatment order and it is a matter of urgency then the patient may be taken into hospital for a period of up to 72 hours.

Flowchart illustrating the procedures to be followed where a patient subject to a community-based CTO or interim CTO does not comply with a compulsory measure authorised in the order taken from [http://www.scotland.gov.uk/Publications/2005/08/30105347/53570](http://www.scotland.gov.uk/Publications/2005/08/30105347/53570)
15. References

You can obtain the service of an interpreter or have this document translated into your own language by contacting the interpreting services on 0845 130 1170. These services are available free of charge.

आप 0845 130 1170 पर एंथर प्रिंटबक सर्विस के लिए कॉल करके कोई सेवा मिल सकती है। इस सेवा में इन केस फ्री जुर्सी है।

您可以通過撥打翻譯服務熱線 0845 130 1170 取得翻譯員服務或得到此文件的翻譯版本。這些服務都是免費的。

Galite prasyn vertejo paslaugą arba gauti šita dokumenta isversta i jūsų kalba kreipdamiesi į musu vertimų paslaugų biuru skambindama 0845 130 1170. Šitos paslaugos yra nemokamos.

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