GUIDELINE FOR THE USE OF DEPOT & LONG ACTING INJECTABLE ANTIPSYCHOTICS

GUIDELINE FOR THE USE OF DEPOT & LONG ACTING INTRAMUSCULAR ANTIPSYCHOTIC INJECTIONS (LAIA)

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<tr>
<th>Author:</th>
<th>Margaret McGreevy/ Mary Gilfillan</th>
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<td>Endorsing Body:</td>
<td>Mental Health and Learning Disabilities Drug &amp; Therapeutic Committee</td>
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<tr>
<td>Governance or Assurance Committee</td>
<td>Mental Health and Learning Disabilities Clinical Governance Group</td>
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<td>30th September 2021</td>
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<tr>
<td>Responsible Person</td>
<td>Margaret McGreevy</td>
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GUIDELINE FOR THE USE OF DEPOT & LONG ACTING INJECTABLE ANTIPSYCHOTICS

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|               | • Adult CMHT  
|               | • CLDTs  
|               | • CMHT (Older Adult)  
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1.0. AIM

The aim of this guidance is to:

1. Provide guidance for the safe administration of Depot and Long Acting Injectable Antipsychotic medication (LAIA).
2. Standardise the process and techniques across NHS Lanarkshire for administration of LAIA across all services and environments within Mental Health & Learning Disability Services.
3. These guidelines are intended for all qualified nurses and practitioners assessed as competent to administer and prescribe LAIA within NHS Lanarkshire.

2.0. BACKGROUND

In recent years the process of administering an intramuscular injection has been a topic of discussion. Following a review of processes, practices and knowledge base it was identified that there was a lack of standardised practise across NHS Lanarkshire in relation to long acting antipsychotic intramuscular injections (LAIA). This has led to the development of this document.

It is the responsibility of senior managers to ensure that these guidelines are implemented as set out in this document.

3.0. DEFINITIONS

Depot & LAIA

A depot antipsychotic refers to first generation medications where to drug is delivered in an oil based depot containing an ester of the active antipsychotic. This is slowly released the oil and hydrolysed to the active drug. An antipsychotic drug formulated in such a way allows the steady gradual release of a drug over a prolonged period. Some second generation antipsychotic formulations are also now available in a long acting form. There are a variety of formulations and delivery vehicles but all are administered by deep intramuscular injection. NICE refer to these as Long Acting Intramuscular Antipsychotic Injections or LAIA. SIGN refer to these as Antipsychotic Long Acting Injectables or LAIs.

For the purposes of this guideline the term LAIA has been adopted.

This good practice guide should be read and referred to alongside other clinical guidelines (see appendix) relevant to the intramuscular injection of Depot and LAIA.
4.0. PRESCRIBING LONG ACTING INJECTIONS OF ANTIPSYCHOTICS

Depots and LAIA provide some advantages over oral medication. They facilitate compliance where there would otherwise be non-adherence to treatment and provide greater stability in blood concentration which seems to be beneficial to effect and side-effect profiles. Consideration should be given to prescribing first generation antipsychotics in line with NHSL Joint Formulary.

www.medednhsl.com/meded/nhsl_formulary/

4.1. Patient preference

LAIA have been used in psychiatry for many years. There are disadvantages to depot injection use including patient tolerability and managing side effects that may be prolonged. However, studies show that some patients prefer depot preparations and many service users realise their adherence to oral medication is variable, to their own detriment, and hence opt for depot or long-acting injection formulations. Patients are encouraged to have input regarding medication decisions which can have a positive effect on concordance with treatment.

However, consideration must also be given to the current Antipsychotic Long Acting Injection section of the NHSL Formulary.

www.medednhsl.com/meded/nhsl_formulary/

SIGN 131, 2013

SIGN recommends that ‘Individuals with schizophrenia who request depot and those with medication adherence difficulties should be offered maintenance treatment with depot antipsychotic medication’:

NICE [CG178, 2014] state:

‘Consider offering depot/long-acting injectable antipsychotic medication to people with 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.’

“Treatment and care should take into account patients’ individual needs and preferences. Good communication, supported by evidence-based information, is essential.”
4.2 Patient Consent

Any decision to commence someone on an LAIA must involve a discussion with the person in the first instance. This discussion must take into consideration the patient’s ability to understand information, what the treatment involves and if they are able to make an informed choice. Where appropriate, discussion should involve the patient’s Welfare Guardian.

To aid informed decisions, patient information leaflets on psycho-pharmacological medicines can be found at www.choiceandmedication.org/nhs24/ which can be found via NHS Inform. In particular the handy fact sheet on depot versus oral medication may be useful. www.choiceandmedication.org/nhs24/pdf/handyfactsheetdepotvsoral.pdf

Following full discussion between the responsible clinician and the patient, the decision to initiate depot/ LAIA medication, should take into account the preferences and attitudes of the patient regarding the mode of administration and organisational procedures (For example, home visits and location of clinics).

Medication choices should be supported by the following guidance:

- Condition specific integrated care pathway algorithms.
- SIGN guidance
- NICE guidance

Service user information on LAIA is available via the links in Appendix 3.

Healthcare professionals should follow the appropriate legislation with regards to Consent to Treatment. 
www.mwcscot.org.uk/media/51774/Consent toTreatment.pdf
www.publicguardian-scotland.gov.uk/adults-with-incapacity-(scotland)-act

4.3. Medication related issues

A number of other important issues may impact on the decision to prescribe depot antipsychotics including the

- Potential for High Dose Antipsychotic Prescribing
  Consideration should be given for the addition of a LAIA to tip patient into the high dose antipsychotic range. http://firstport2/staff-support/pharmacy-mental-health/Documents/Psychosis/HighDose Antipsychotic guideline.pdf
  However in most cases the rationale for prescribing a depot will mean that the patient is not prescribed additional oral antipsychotics.
GUIDELINE FOR THE USE OF DEPOT & LONG ACTING INJECTABLE ANTIPSYCHOTICS

- **Concomitant medication**
  Patients may be prescribed or be taking a variety of other medications. It is important to be aware of these when prescribing depots. It is especially important when a psychiatrist is responsible for prescribing the depot and the GP prescribes everything else.

- **Switching**
  Consideration should be given as to the safest way to switch to or from a depot medication. Contact pharmacy for advice if necessary.

- **Drug interactions**
  It is important that all health professionals involved in the use of depot antipsychotics are aware of the clinically significant interactions between depots and other medicines. Staff should refer to the current edition of the BNF or contact Pharmacy for advice.

- **Changes to depot antipsychotic prescriptions**
  It is essential that all changes to a depot prescription are quickly and clearly communicated to all relevant staff. The use of the depot prescription chart facilitates this (appendix 4). If the GP prescribes the depot, a local system should be developed to ensure good communication.

- **Contraindications**
  Refer to current SPC of individual depots for contraindications with existing medical conditions and other medicines.

- **Special precautions**
  Refer to current SPC of individual depots for any special precautions with existing medical conditions or with other medicines and for any additional monitoring this may entail.

5.0. COMMUNICATION

5.1. Communication between care settings

It is essential to good patient care that communication between patient settings regarding depot prescriptions is robust. This may be between:

- Community teams and mental health in-patient settings (when a patient is admitted to inpatient MH setting then the CMHT cardex must be discontinued by the RMO – a new prescription for the purpose of community administration should be written following discharge)
- Community teams and acute medical in-patient settings
- Mental health in-patient settings and acute medical in-patient settings
- Different Mental Health in-patient settings
- Community/ in-patient MH and care homes
When a patient is transferred between any of these settings the following details must be clearly communicated

- The LAIA preparation prescribed plus the dose and dosage interval.
- Date last given and the next due date.

5.2. Communication with GP

Robust systems should be in place to communicate the details of the intended LAIA preparation, dose and dose interval. In areas where supply of the LAIA is not via a GP generated prescription, the GP must be informed that a depot has been prescribed and encouraged to record the details on the GP prescribing system, as a ‘HOSPITAL SUPPLY’ medicine. The GP should also be informed of all changes to dose or frequency of the LAIA medication.

6.0 PRESCRIPTION

All depots/LAIA must be prescribed on an NHSL prescription form and the administration recorded on a valid corresponding recording chart at the time of administration regardless of the setting (ward, home, clinic). In the community setting it is the responsibility of the psychiatrist or designated deputy to ensure the depot or LAIA is prescribed on the community depot prescription form to enable administration by nurses in this setting. This prescription is the authority to administer the depot/LAIA for the Community Nurse.

Only one NHSL prescription cardex should be in use at any one time.

For example, when a patient is admitted to an MH in-patient unit, the community depot prescription should be discontinued and a new prescription written if necessary when the patient is discharged. There should be a robust communication procedure to facilitate the medicines reconciliation process and the accuracy of the new prescription even if LAIA dose and frequency remains the same.

The prescription must be legally written and signed by a doctor or non medical prescriber before the Depot/ LAIA can be administered to the patient. It should be written on NHSL prescription sheet / cardex.

Prescription details must include:

- The patient’s full name, not an assumed name
- The patient’s address
- The patient’s CHI number
- The patient’s date of birth
- The prescribers’ signature

Affix Patient label
GUIDELINE FOR THE USE OF DEPOT & LONG ACTING INJECTABLE ANTIPSYCHOTICS

- Any known allergies or sensitivities, including sensitivities to dressings/plasters. If none, then ‘no known drug allergies’ must be written.
- The drug name, dosage, strength and frequency of administration.
- Site of administration
- If relevant, new prescription may be required on discharge.
- Cardex must be reviewed at least every 6 months by responsible prescriber.
- Special notes, (i.e. only accepts the injection lying down, prefers a particular injection site)

7.0 ADMINISTRATION

All depot/LAIA must be prescribed on a valid prescription form or cardex and the administered in accordance with this. The administration must be recorded on a corresponding administration recording chart at time of administration.

7.1. Principles

The following quick reference guide is based on Standard Operating Procedures (NMC 2007 reprinted 2008)* footnote 1
(This is Version 1 of Standards for medicines management, which replaces Guidelines for the administration of medicines. This edition was reprinted in August 2008. The standards are essentially broad principles for practice and registrants will need to apply the principles to their own areas of practice. The NMC will keep these standards under review and will notify all registered nurses, midwives and specialist community public health nurses whenever further amendments are made. Review date: August 2010.)

Section 4 of the NMC Standards for Medicine Management on Administration Standard 8 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
GUIDELINE FOR THE USE OF DEPOT & LONG ACTING INJECTABLE ANTI-PsyCHOTICS

- 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.

The following web link provides a helpful introduction to intramuscular injections:

http://www.nottingham.ac.uk/nursing/sonet/rlos/placs/nctl178-injection-sites/index.html

The University of Hull has produced a guide to the administration of LAIA and is available at the following link https://hydra.hull.ac.uk/assets/hull:13659/content
It is also available via http://www.reach4resource.co.uk

7.2 Record keeping

Proper record keeping (hard copy and/or electronic) is essential to patient safety. Medication incidents have occurred because of poor record keeping e.g.

- Doses being given before or after the next due date in error.
- Wrong medication or dose being dispensed or administered.
- Doses missed completely

The reasons for a LAIA not being administered, administered at a different time or any other relevant information related to the administration of a depot, must be recorded in the patient’s notes, in addition to recording on the administration record. Discontinued or old prescription form / cardex and corresponding administration record must be retained in the patient’s notes.
8.0. CAMHS

The off label use of depots and LAIA is occasionally necessary within the CAMHS service. To facilitate the administration of the injection, the young person may have to access Adult Mental Health services. Arrangements for this should be in place before initiation the LAIA or before discharge from inpatient services. Local Unlicensed Use Policies should be followed.

9.0. MONITORING

9.1. Pre-treatment workup

9.1.1. General

- Patient consent to treatment must be obtained, or relevant legal paperwork in place, prior to initiation of Long Acting Antipsychotic treatment.
- Patients should be given the information leaflet regarding side effects available via the link in appendix 3 as part of the pre-test dose discussion.

9.1.2. Rationale of ensuring tolerance before first administration

Depot/LAIA are long-acting medications that take a long period to be fully eliminated from the body. Therefore adverse effects, which may result from the injection, are likely to be long-lived. In addition there is a theoretical risk of anaphylaxis from the oil component of first generation depots. The licensed recommendations specified in the manufacturer’s SPC for each individual product should be followed (see links to SPCs in appendix 3). These recommendations usually involve assessing patient’s tolerability to the drug before giving the full therapeutic LAIA dose to reduce the risks of severe and prolonged adverse effects.

For first generation antipsychotic depots, a small dose of the injection is given to assess tolerance to the antipsychotic and sensitivity to the oil component. This is traditionally referred to as a ‘Test Dose’. Where possible it is also good practice to trial the oral form of a first generation depot for response and tolerability. For the atypical LAIA, the patient should be tolerant and responsive to the oral form of the drug prior to initiating the LAIA. (See links to SPCs in appendix 3 for full prescribing information).

9.1.3 Test Dose Logistics

In NHSL test doses of First generation depots should be given in a healthcare facility. It has been agreed that if a test dose is to be given in the community and appropriate facilities are unavailable to adequately monitor the patient for potential anaphylaxis, then the inpatient service will facilitate this by providing a safe environment. This is on the proviso that:
1. There will be a discussion with the inpatient ward prior to any decision being made to administer same

2. An agreed time and place within the ward has been mutually agreed and identified

3. Community staff will be responsible for administering the depot and providing appropriate staff who will remain with the patient whilst monitoring for side effects and will also adhere to HEI protocols within the ward environment

4. Due to the length of time that the patient will be monitored then the patient’s dietary needs will be met by the ward where necessary.

NB Administering a test dose within the hospital environment is primarily for the purpose of anaphylactic type reactions to the preparation. Side effects of the antipsychotic drug itself will be most apparent around the time of peak plasma levels. (See appendix 1)

9.1.4. Olanzapine LAI

Olanzapine LAI has additional monitoring requirements following every IM injection. Olanzapine LAI is not SMC approved and requires an IPTR for authorisation. Olanzapine LAI must always be given in a healthcare facility and patients must remain there for at least 3 hours post dose. Guidance on post-administration monitoring is available as part of the IPTR process.

9.2. Side effect monitoring

9.2.1. General

People with serious mental illness are more likely to have a shortened lifespan compared to those without. This has led to the development of Physical Health Guidelines to highlight the need for routine monitoring and increased opportunities to share health promotion information.

Like all drugs, LAIA depot antipsychotics may be associated with side effects. A full list of possible side effects can be found in the summary of product characteristics (SPC) for each drug (see SPC links in appendix 3 for full prescribing information). The following are some important points to remember.

- Pain, erythema, swelling and nodules can occur at the injection site.

- Apart from local reactions and the theoretical risk of anaphylaxis, depot antipsychotics are unlikely to produce significant side effects, including extra-pyramidal side effects, at the time of administration. They are more likely to occur after several hours or days particularly around the time of peak plasma levels.

- Rarer adverse effects such as rashes and agranulocytosis are well documented with antipsychotics, however anaphylaxis is not.
However, it is recommended that the first dose of a depot be administered in a clinical base with access to emergency equipment (disposable ambu-bag, airways, laerdal pocket mask, and medicines) should any immediate adverse reactions occur.

Standardised tools or checklists should be used to monitor and assess side effects as recommended for antipsychotics in general. See link below for guidance [firstport2/staff-support/pharmacy-mental-health/Psychosis/AntipsychoticPhysical Health Monitoring.pdf](https://firstport2/staff-support/pharmacy-mental-health/Psychosis/AntipsychoticPhysical Health Monitoring.pdf) or Current BNF antipsychotic monitoring [https://www.medicinescomplete.com/mc/bnf/current/psychoses-and-related-disorders](https://www.medicinescomplete.com/mc/bnf/current/psychoses-and-related-disorders)

In addition patient subjective side effects should be assessed using GASS or the easy read version of this [firstport2/staff-support/pharmacy-mental-health/Psychosis/GASS-Glasgow Antipsychotic Side-effect Scale.pdf](https://firstport2/staff-support/pharmacy-mental-health/Psychosis/GASS-Glasgow Antipsychotic Side-effect Scale.pdf) [firstport2/staff-support/pharmacy-mental-health/Psychosis/PIL_GASSLE_09948_L PRINT.pdf](https://firstport2/staff-support/pharmacy-mental-health/Psychosis/PIL_GASSLE_09948_L PRINT.pdf)

9.2.2. Baseline monitoring prior to first dose/test dose of a LAIA

- NEWS
- Weight (record in notes)
- ECG (file in notes)
- Recent LFT & U&Es (file in notes)

9.2.3. Monitoring post-test dose administration

- Be aware and observe for anaphylaxis
- Within 30mins of administration, repeat NEWS, check general wellbeing
- Repeat after 30mins
- Escalate if any concerns
- File NEWS in notes
- Ask patient to report any side effects

9.2.4. Community Patients - Monitoring side effects at peak plasma levels

- Patient should be monitored in the community (or hospital if an inpatient) around the time peak levels are likely to occur (see appendix 1)
- Record blood pressure
- Record pulse
- Record temperature
GUIDELINE FOR THE USE OF DEPOT & LONG ACTING INJECTABLE ANTIPSYCHOTICS

- Record observations for sedation
- Record observations for EPSEs
- Conduct GASS or easy read GASS with patient
- Escalate if any concerns

See Appendix 1 for Post – Test/first dose Community monitoring

9.2.5. In-patients – Monitoring for side effects post-test dose/ first dose

Day 3 – GASS and NEWS
Day 7 – GASS and NEWS
At Peak Levels – GASS and NEWS
(See appendix 1 for the peak levels of individual depot/LAIA)

9.2.6. Routine Follow Up

- Complete GASS, ECG, weight, temperature, pulse and bloods as for antipsychotics in general.
  firstport2/staff-support/pharmacy-mental-health/Psychosis/AntipsychoticPhysical Health Monitoring.pdf
  Or Current BNF antipsychotic monitoring
- If patient on High Dose Antipsychotic therapy, NHSL HDAT guideline should be followed.
- Management of adverse effects and poor response to treatment.

10.0 CONTINGENCY PLANNING

See Appendix 2 for guidance on managing situations where patients deviate from their LAIA administration schedule. Either planned or because the patient did not attend an appointment.

11.0. ADDITIONAL FORMAL TRAINING

Additional training is available on Learnpro and FirstPort
- Anaphylaxis
  https://www.medednhsli.com/anaphylaxis/login.asp
  Or firstport2/staff-support/sexual-health
- firstport2/staff-support/public-health/blood-borne-viruses/Guidelinesandprotocols
- NES Needlestick Injury
- NMC Safe Administration of Medicines
12.0. ACQUISITION

In-Patients
Depots/LAIA are ordered from pharmacy.

Community Patients
The procedure for obtaining depots/LAIA varies across NHSL. In general in the South this is done via GP prescribing via a GP10 and supply via community pharmacy. Some patients in the North e.g. patients with learning disabilities, also acquire depots in this way. For patients who have their depot medication dispensed via a community pharmacy, the depot is the property of the patient and can be stored in their home if they wish. The patient should be advised on how to store their depot medicine appropriately. In the North, acquisition is often via a clinic or CMHT stock order from the local hospital pharmacy. In this situation the responsibility of storage remains with the clinic or CMHT.

13.0. STORAGE

It is recognised that across NHS Lanarkshire CMHTs are located in various environments including non NHSL premises. This document offers guidance regardless of location.

Registrants must ensure all medicinal products are stored in accordance with the patient information leaflet, summary of product characteristics document found in dispensed UK-licensed medication, and in accordance with any instruction on the label.

(NMC, 2008 see footnote)

- It is the responsibility of the Registered Nurse for the safekeeping and storage of medications.
- Medication should be stored in a locked cupboard. Access to keys should be limited to Registrants.
- Regardless of location a system must be in place to record access to the medication cupboard keys for example a sign in/out sheet. This will assist in identifying that appropriate personnel access the keys and track if misplaced.
- For each drug stored in the cupboard a sign in/out record must be available, listed by either patient name* or stock from hospital.
- Medication being delivered to the base should be checked and signed for by Registered staff and records updated.
- When medications are stored in a drug fridge, a daily log of the fridge temperature should be recorded and if necessary remedial action should be taken to ensure medications are stored as per manufacturers’ guidance.
GUIDELINE FOR THE USE OF DEPOT & LONG ACTING INJECTABLE ANTIPSYCHOTICS

- Medication audit should take place at least weekly to ensure stock levels for ordering and any potential issues e.g. errors would be identified and addressed timeously.
- Any noted errors should be reported to senior charge nurse/deputy in keeping with NMC Record keeping and local policy.

* For patients who have their Depot or LAIA dispensed via a community pharmacy, the dispensed medication is their property and may be stored in their own home. Occasionally it may be more appropriate or the patient may ask for the depot to be stored in a health facility. This agreement may help ease of access or be 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.

14.0. TRANSPORTATION

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.
- The key of the vehicle must be in possession of registered nurse.
- Registered nurse may transport medicinal products to patients where the patient or their carers/representatives are unable to collect them, provided the nurse is conveying the medication to a patient for whom it has been prescribed and it has been dispensed by a pharmacist (NMC Standards of Medication management, 2008).
- Depot medication should be collected from the pharmacy as near to the time of administration as practically possible.
- Registered nurse needs to be aware of any specific manufacturer or pharmacy guidelines regarding the storage of medication during transportation.
- Medication should be collected and put in a locked container that can be carried on home visits.
- Ensure that the correct procedure for safe disposal of sharps is complied with.
- Where a registered nurse is not able to deliver or administer medication, the reason for doing so must be recorded and line manager advised. The registered nurse must then arrange for safe storage or destruction of medication. See Consent for the Destruction of Patient’s own Medicines in the community by registered health professionals MH & LD.
15.0. AUDIT & REVIEW

There should be regular self and peer audit of compliance with these guidelines
Weekly: medication/ stock control
Six monthly: routine prescriptions

16.0. REFERENCE

- NICE guidelines [CG178]: Psychosis and schizophrenia in adults: prevention and management [https://www.nice.org.uk/guidance/cg178]
- BNF

17.0. RELATED GUIDANCE/POLICY

The following guidelines and policies should be used in conjunction with this guidance

- NHS Lanarkshire Medicines Code of Practice
- Infection Control Policies [firstport2/staff-support/infection-prevention-control/]
- Waste Disposal Operational Policy
- NMC Standards for medicines management
- Storage and Handling of Vaccines and Pharmaceutical Products In GP practices, Health Centres and Clinics
- Health Protection Scotland (2013): Infection Control

18.0. FOOTNOTE

Standard Operating Procedures (NMC 2007 reprinted 2008)
This is Version 1 of Standards for medicines management, which replaces Guidelines for the administration of medicines. This edition was reprinted in August 2008. The standards are essentially broad principles for practice and registrants will need to apply the principles to their own areas of practice. The NMC will keep these standards under review and will notify all registered nurses, midwives and specialist community public health nurses whenever further amendments are made. Review date: August 2010.
Appendix 1  Post Test Dose/First Dose Monitoring please

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<td>7 days Maudsley</td>
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<td>7 days SPC</td>
<td>- Record blood pressure</td>
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<td></td>
<td></td>
<td>- Conduct GASS or easy read GASS with patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Escalate if any concerns</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Monitoring must be carried out around the time of peak levels after the first dose or test dose</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>In some patients, additional monitoring before this may also be appropriate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flupentixol decanoate (Depixol®)</td>
<td>20mg (allow 1 wk before re administrating)</td>
<td>7 days Maudsley</td>
<td>Approximately seven days after 1st dose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7-10 days Bazire</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 days SPC</td>
<td></td>
</tr>
<tr>
<td>Fluphenazine decanoate (Modecate ®)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haloperidol decanoate (Haldol®)</td>
<td>50mg 12.5-25mg (&gt;65 yrs)</td>
<td>7 days Maudsley</td>
<td>Approximately seven days after 1st dose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3-9 days Bazire</td>
<td></td>
</tr>
<tr>
<td>Paliperidone (Xeplion ®)</td>
<td>Test dose N/A</td>
<td>13 days Maudsley, Bazire and SPC</td>
<td>Approximately thirteen days after 1st dose</td>
</tr>
<tr>
<td></td>
<td>Oral must be used to establish tolerability and efficacy prior to initiation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Initially 150 mg on day 1 and 100 mg one week later (day 8).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No loading doses required if currently prescribed a depot (See SPC for further information)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risperidone (Risperdal Consta®)</td>
<td>Test dose N/A</td>
<td>35 days Maudsley</td>
<td>Approximately 35 to 40 days after 1st dose</td>
</tr>
<tr>
<td></td>
<td>Oral must be used to establish tolerability and efficacy prior to initiation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>35-40 days Bazire</td>
<td></td>
</tr>
<tr>
<td>Zuclopenthixol decanoate (Clopixol®)</td>
<td>100 mg (half to quarter dose &gt;65 yrs)</td>
<td>4-7 days Maudsley</td>
<td>Approximately four to nine days after 1st dose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4-9 days Bazire</td>
<td></td>
</tr>
</tbody>
</table>
GUIDELINE FOR THE USE OF DEPOT & LONG ACTING INJECTABLE ANTI-Psychotics

Appendix 2
Contingency Planning Table for LAI/Depots

Please document all late/early depots given in the patient notes. Please seek advice from the patient’s consultant if the patient is not within the parameters below. Their depot prescription would then need amended.

<table>
<thead>
<tr>
<th>Depot</th>
<th>1 weekly</th>
<th>2 weekly</th>
<th>3 weekly</th>
<th>4 weekly</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aripiprazole (Maintena®)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Up to 4 days early and 7 days late</td>
</tr>
<tr>
<td>Flupentixol decanoate (Depixol®)</td>
<td>One day either side</td>
<td>Two days either side</td>
<td>Three days either side</td>
<td>Four days either side</td>
<td>Anticholinergic cover may be needed after subsequent injection</td>
</tr>
<tr>
<td>Fluphenazine decanoate (Modecate®)</td>
<td>One day either side</td>
<td>Two days either side</td>
<td>Three days either side</td>
<td>Four days either side</td>
<td>SEEK ADVICE FROM CONSULTANT IF DOES NOT FALL WITHIN THESE PARAMETERS</td>
</tr>
<tr>
<td>Haloperidol decanoate (Haldol®)</td>
<td>One day either side</td>
<td>Two days either side</td>
<td>Three days either side</td>
<td>Four days either side</td>
<td>SEEK ADVICE FROM CONSULTANT IF DOES NOT FALL WITHIN THESE PARAMETERS</td>
</tr>
<tr>
<td>Paliperidone (Xeplion®)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Can be 7 days either side of the monthly date</td>
</tr>
<tr>
<td>Risperidone (Risperdal Consta®)</td>
<td>Two days either side</td>
<td></td>
<td></td>
<td></td>
<td>SEEK ADVICE FROM CONSULTANT IF DOES NOT FALL WITHIN THESE PARAMETERS</td>
</tr>
<tr>
<td>Zuclopenthixol decanoate (Clopixol®)</td>
<td>One day either side</td>
<td>Two days either side</td>
<td>Three days either side</td>
<td>Four days either side</td>
<td>Anticholinergic cover may be needed after subsequent injection</td>
</tr>
</tbody>
</table>

This advice was extrapolated from a number of sources:
Bazire, 2016, Psychotropic Drug Directory; Choice and medication:
https://www.medicines.org.uk/emc/medicine/9939
https://www.medicines.org.uk/emc/medicine/31329
Appendix 3  

Links

Patient information leaflets on psycho-pharmacological medicines can be found at www.choiceandmedication.org/nhs24/ which can be found via NHS Inform. Links to LAIA/depots;

Extrapyramidal side effects

Aripiprazole long-acting injection

Haloperidol deconate

Flupentixol deconate

Fluphenazine deconate

Paliperidone palimate

Risperidone LAIA

Zuclopenthixol deconate
### Community Depot Prescription and Administration Record

**Team:**

**Drug Allergies/Sensitivities**
- [ ] None known
- [ ] Yes (provide details below)

**First name:**

**Date of Birth:**

**Last name:**

**Sex:** □ M □ F

**CHI number:**

**Address and phone number:**

**Community Nurse:**

**Psychiatrist:**

**Additional Information/Instructions:**

Prescriptions are valid for a maximum of 6 months and must be reviewed/re-prescribed at regular intervals. Discontinue prescriptions following inpatient admission and re-prescribe following discharge.

### Test Dose Injections or Once Only Drugs

<table>
<thead>
<tr>
<th>Date</th>
<th>Drug</th>
<th>Dose</th>
<th>Route (and site*)</th>
<th>Prescriber (print and sign)</th>
<th>Date given</th>
<th>Time</th>
<th>Given by (print and sign)</th>
</tr>
</thead>
</table>

### Repeat Depot and Long Acting Intramuscular Injections

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Route (and site*)</th>
<th>Prescriber (print and sign)</th>
<th>Date due</th>
<th>Date given</th>
<th>Site*</th>
<th>Date</th>
<th>Initials</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Route (and site*)</th>
<th>Prescriber (print and sign)</th>
<th>Date due</th>
<th>Date given</th>
<th>Site*</th>
<th>Date</th>
<th>Initials</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Route (and site*)</th>
<th>Prescriber (print and sign)</th>
<th>Date due</th>
<th>Date given</th>
<th>Site*</th>
<th>Date</th>
<th>Initials</th>
</tr>
</thead>
</table>

**Date:**

**Comments:** (including any adverse effects)

**Date:**

**Comments:** (including any adverse effects)

Follow NHS Lanarkshire 'Policy for Unlicensed Medicines' when using unlicensed depot administration site. All use of medicines must comply with the Medicines Code of Practice.

*Abbreviations: DEL = Deltril (upper arm) VGL = Vestergluteal (hip site) DG = Dorsoglut (upper outer quadrant of buttock) VL = Vastus Laterialis (thigh)*