



Government of **Western Australia**
Department of **Health**

Guidelines for the use of the WA Agitation and Arousal PRN Medication Chart

Version 1, 2024

**Medicines and Technology Unit in collaboration with North
Metropolitan Mental Health Service and WA Country Health Service**

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Acknowledgements

NMHS-MH and WACHS acknowledges the significant contribution of material from the Australian Commission on Safety and Quality in Health Care in the development of this guideline.

To obtain further information, contact the Medicines and Technology Unit, Patient Safety and Clinical Quality Directorate, Department of Health, Western Australia,

1. GENERAL INSTRUCTIONS

The following are general requirements regarding use of the WA Agitation and Arousal PRN Medication Chart

- The WA Agitation and Arousal PRN Medication Chart is to be implemented in WA adult mental health inpatient facilities.
- The WA Agitation and Arousal PRN Medication Chart must be completed for all inpatients requiring PRN medication for agitation and arousal in WA adult mental health inpatient facilities.
- The back page of the WA Hospital Medication Chart (short or long stay version) is to be used for all other 'as required' PRN medicines including options for insomnia and anxiety.
- The WA Hospital Medication Chart (short or long stay version) must be annotated clearly to identify when the Agitation and Arousal PRN Medication Chart is in use. Ensure both the front of the WA HMC and the inside of the chart are ticked, see below:

Front of chart

Medication chart number1.... of1.....

Additional charts Variable dose Other (Refer to checklist on page 2)

IV fluid BGL/insulin Acute pain

Palliative care Chemotherapy Anticoagulation

Inside the chart

Additional Charts – Tick if in use		
<input type="checkbox"/> Blood Glucose Level (BGL) monitoring	<input type="checkbox"/> Subcutaneous Insulin or	<input type="checkbox"/> Intravenous Insulin Infusion
<input type="checkbox"/> Clozapine	<input type="checkbox"/> Intravenous (IV) Fluid	<input type="checkbox"/> Chemotherapy
<input checked="" type="checkbox"/> Agitation & arousal	<input type="checkbox"/> Palliative care	<input type="checkbox"/> Acute Pain
<input type="checkbox"/> Long acting injection	<input type="checkbox"/> Variable dose	<input type="checkbox"/> Other

- The Agitation and Arousal PRN Medication Chart must be kept with all other medication charts.
- All orders are to be written completely and legibly in black ink. Water soluble ink (e.g. fountain pen) should not be used.
- Only use accepted safe terms, abbreviations and dose designation for medicines as recommended by the Australian Commission on Safety and Quality in Health Care.
- No erasers or whiteout can be used.

IMPORTANT

This Agitation and Arousal PRN Medication Chart must be used in conjunction with a hospital guideline which provide recommended first, second, and third-line therapy for agitation and arousal in patients 18 years and over (Adult).

The frequency of use should not exceed dosage recommendations as indicated in the Product Information and the Therapeutic Guidelines-Psychotropic.

2. INDIVIDUAL COMPONENTS OF THE AGITATION AND AROUSAL PRN MEDICATION CHART

2.1 Identification of the patient

AFFIX PATIENT IDENTIFICATION LABEL HERE & OVERLEAF	
UMRN:	
Family Name:	NOT A VALID PRESCRIPTION UNLESS IDENTIFIERS PRESENT
Given Name(s):	
Address:	
DOB:	
	Sex <input type="checkbox"/> M <input type="checkbox"/> F
1ST Prescriber Print Patient Name and Check Label Correct:	

A watermark has been placed on the “Patient Identification Section” as a reminder that a prescription is not valid unless the patient’s identifiers are present

- EITHER the current patient identification label
- OR, as a minimum, the patient’s name, UMRN number, date of birth and sex written in legible print

The first prescriber **must** **handwrite (PRINT)** the patient’s name under the addressograph. This will reduce the risk of wrong identification label being placed on the chart and the wrong medication given to a patient.

2.2 Patient Location

Facility/Service: _____
Ward/Unit: _____
Consultant: _____

The patient’s location should be clearly marked on the chart as well as the consultant (or treating team).

2.3 Adverse Drug Reaction Alerts

Attach ADR Sticker		
ALLERGIES & ADVERSE DRUG REACTIONS (ADR)		
<input type="checkbox"/> Nil known <input type="checkbox"/> Unknown (tick appropriate box or complete below)		
Drug (or other)	Reaction / Type / Date	Initials
Sign _____	Print _____	Date _____

This section communicates the existence of previous allergies, adverse drug reactions (ADRs) and related information. Failure to communicate previous allergies or ADRs may result in re-prescribing of offending medications, and avoidable patient harm.

The first prescriber is required to complete the “Allergies and Adverse Drug Reactions (ADR)” details for all patients.

If the patient is not aware of any previous Adverse Drug Reaction, the Nil known box should be ticked and the person documenting the information must date and sign the entry.

If a patient’s Adverse Drug Reaction is unobtainable at the time of admission, the Unknown box should be ticked and the person documenting the information must date and sign the entry. An unknown status should be followed up with attempts to find further information.

If a previous ADR exists, then the following must be completed:

- a. Document the following information in the space provided on the medication chart:
 - Drug (or other allergen) name
 - Reaction details (e.g. rash, diarrhoea)
 - Date of reaction (or approximate timeframe)
 - The initials of the person documenting the information
 - Print, date and sign entry

This is the minimum information that should be documented. It is preferable also to document how the reaction was managed (e.g. ‘withdraw & avoid offending agent’) and the source of the information (e.g. patient self-report, previous documentation in medical notes etc).

- b. Affix an ADR alert sticker to the front of the chart in the space provided



For further information refer to the WA HMC user guide.

2.4 Prescribing medications on the Agitation and Arousal PRN Medication Chart

Medications must be given as prescribed. If a combination is not prescribed explicitly, two medications **MUST NOT** be given together.

STEP 1	Medicine (Print generic name)		Dose	Route	Max dose/24 hrs	Check arousal rating at: Oral 60 & 90 minutes IM 30 & 60 minutes
	Date: ____/____/____	
	Prescriber signature	Print Name	Contact	Pharmacy		Imprest S4R
STEP 2	Medicine (Print generic name)		Dose	Route	Max dose/24 hrs	Check arousal rating at: Oral 60 & 90 minutes IM 30 & 60 minutes
	Date: ____/____/____	
	Prescriber signature	Print Name	Contact	Pharmacy		Imprest S4R
STEP 3	Medicine (Print generic name)		Dose	Route	Max dose/24 hrs	Check arousal rating at: Oral 60 & 90 minutes IM 30 & 60 minutes
	Date: ____/____/____	
	Prescriber signature	Print Name	Contact	Pharmacy		Imprest S4R
STEP 4	Medicine (Print generic name)		Dose	Route	Max dose/24 hrs	Check arousal rating at: Oral 60 & 90 minutes IM 30 & 60 minutes
	Date: ____/____/____	
	Prescriber signature	Print Name	Contact	Pharmacy		Imprest S4R

- Prescribers must follow the Australian Commission on Safety and Quality Health Care [Recommendations for terminology, abbreviations and symbols used in medicines documentation](#)
- Medication is to be prescribed in order of increasing potency (as indicated by the steps 1-4, with Step 4 being the most potent and last line of therapy). Oral options are to be charted before intramuscular injections (IM) options.
- Medication must be printed as the generic agent. Do not prescribe brand names
- Medication combinations should be avoided but if prescribed for the purpose of administering together, the medications are prescribed together in the one step and must include medication name, dose, route, and maximum dose/24 hrs. Do not write for example, step 1 + step 2.
- Dose must be clearly defined. Single doses are preferred over dosing ranges.
- Route must be clearly defined. If a medication is prescribed by multiple routes (e.g. oral and IM), these **must be prescribed separately**. Oral and IM routes are not interchangeable, and administration of parenteral medication carries with it a higher risk of adverse event.
- Maximum daily doses must be specified. The maximum dose / 24hrs is the total dose allowable for that medication to be administered by **any order** inclusive of any regular or STAT medication.
- Frequencies to assess arousal and consider re-administration of medication have been standardised on the chart as 30 minutes and 60 minutes for the IM route and 60 minutes and 90 minutes for the oral route. The prescriber must ANNOTATE CLEARLY in the medication order under dose, the desired frequency for medication administration if re-administration of medication after the standardised times is not desired. The frequency of

- Review the WA Hospital Medication Chart
 - If there is a regular order of the medication that is intended to be administered as a PRN, calculate the total dose of medication given by any order in the previous 24 hours and determine ability to administer
 - If regular psychotropic medication is due within the next 30 to 60 minutes, consider if administration of regular medication is appropriate rather than PRN.
- Nursing staff must record on the chart the level of arousal before giving the medication (*1st rating*), the step given, date, time, dose given, route and the cumulative 24 hour dose given (from any order)
- Medication administration must be signed by two nurses. If a restricted medication is used (e.g. Schedule 4 Restricted (S4R) medication), relevant recording in the restricted drug register must also be completed.
- Continued use of non-pharmacological de-escalation techniques should accompany any administration of medication

2.5 Monitoring for Effect

- After administration of medication, a second arousal rating is to be taken at the following time points after administration
 - Oral medication: 60 minutes
 - IM medication: 30 minutes
- The nurse assessing arousal must document the level of arousal, time and sign
- A third arousal rating should be taken at the following time points after administration
 - Oral medication: 90 minutes
 - IM medication 60 minutes
- The nurse assessing arousal must document the level of arousal, the time and sign

2.6 Review of PRN Medication and Ceasing Orders

- All administered PRN orders should be reviewed by the treating team within a 24-hour period.
- If the order of prescribed medication is changed, the chart must be ceased and rewritten. This is to prevent confusion as to which medication has been administered.



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