Southern Health NHS
NHS Foundation Trust

SHORTAGE OF LORAZEPAM INJECTION

There is a supply problem with lorazepam injection resulting in a national shortage. A small supply of unlicensed lorazepam injection may be available. If this is required please discuss this with your ward pharmacist. As this is an unlicensed supply the consultant must confirm approval for use in the RIO notes and the nurses should enter details of the batch number of injection administered.

The following alternatives should be considered if no stock of lorazepam injection is available and guidance should be read in conjunction with the Trust Guidelines for Rapid Tranquillisation. Suggested alternatives are:

Olanzapine IM

as per HPFT Rapid Tranquillisation Guidelines (CP 36)

Promethazine IM

- 25mg- 50mg IM
- Maximum dose 100mg in 24 hours
  http://www.medicines.org.uk/EMC/medicine/1669/SPC/Phenergan+Injection/
- Onset of sedation 1-2 hours
- Time to peak plasma concentration 2-3 hours
- Half life 5-15 hours

Clonazepam IM (unlicensed use)

- Dose: 500micrograms -2mg
- Maximum dose 4mg in 24 hours (higher doses may be used in exceptional circumstances after discussion with consultant psychiatrist)
- Time to peak concentration 3.1 hours, wait at least 1 hour before repeating clonazepam.
- Half life 20-60 hours mean 30 hours – please note the long half life compared with lorazepam. There is an accumulation risk with repeated dose.
- Off licence use in rapid tranquillisation. IM route not licensed.
- Clonazepam is a benzodiazepine and should not be given until at least one hour after IM olanzapine.
- There is little information on the use of olanzapine IM after clonazepam IM. Do not give both IM within a 24 hour period without seeking advice from a senior doctor.

Pharmacokinetics	Clonazepam IM	Lorazepam IM
Time to peak concentration	~3 hours	~1.5 hours
Elimination half-life	30 hours(range: 20-60 hours)	12-16 hours

Drug charts should be reviewed to take account of the possibility that a ward may have run out in the period between writing and giving, ie. an option if lorazepam not available.

Forms T2 and T3 should be reviewed as clonazepam and promethazine are in different sections of the BNF and both should be written as individual drugs.

References available on request
Marion Wetherill – Jan 2012
Approved: Medicines Management Committee - Dec 2011