



## Drug Therapy Protocols: Olanzapine (pilot)

<b>Policy code</b>	DTP_CAG_1024
<b>Date</b>	October, 2024
<b>Purpose</b>	To ensure a consistent procedural approach to olanzapine (pilot) administration.
<b>Scope</b>	Applies to Queensland Ambulance Service (QAS) clinical staff.
<b>Health care setting</b>	Pre-hospital assessment and treatment.
<b>Population</b>	Applies to all ages unless stated otherwise.
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# Olanzapine (pilot)

October, 2024

## Drug class

Atypical antipsychotic

## Pharmacology<sup>[1]</sup>

Olanzapine is a second-generation antipsychotic that blocks dopamine D2 receptors. It produces a sedative effect and improves psychotic symptoms.

## Metabolism<sup>[1]</sup>

Metabolised by the liver and then extensively excreted in the urine and faeces.

### Indications

- **Acute behavioural disturbance meeting all the following criteria:**
  - Unresponsive to de-escalation strategies;
  - SAT Score +1;
  - Compliant with oral medication administration;
  - Consent to the administration of an oral sedative (olanzapine) has been provided (*see Special Notes*); and
  - Patients located within Metro South and Gold Coast Regions being transported to a public hospital in these catchments.

### Contraindications

- **Absolute** contraindications:
  - Allergy AND/OR Adverse Drug Reaction
  - Lewy Body Dementia (LBD)
  - Suspected or confirmed Parkinson's disease
  - Previous dystonic reaction to olanzapine
  - Patients less than 16 years of age
- **Relative** contraindication (*QAS Clinical Consultation and Advice Line* consultation and approval required in all of the following situations):
  - Suspected sepsis

### Precautions

- Hypoperfused state
- Current use of other CNS depressants
- Dementia (risk of anticholinergic delirium)

## Side effects



- Hypotension
- Tachycardia
- Dry mouth
- Extrapyramidal effects e.g. dystonic reactions (rare)

## Presentation

- Oral Disintegrating Tablet (ODT), 5 mg *olanzapine*

Onset	Duration	Half-life
20 minutes	12–24 hours	30 hours

## Schedule

- S<sub>4</sub> (Restricted drugs).

## Routes of administration

Oral (PO)



## Special notes

- Ambulance officers must only administer medications for the listed indications and dosing range. Any consideration for treatment outside the listed scope of practice requires mandatory approval via the *QAS Clinical Consultation and Advice Line*.
- This DTP is solely for use by authorised QAS clinicians participating in the Metro South and Gold Coast Region acute behavioural disturbance sedation pilot.
- All patients administered olanzapine by QAS ambulance clinicians must be transported to an appropriate health facility for assessment.
- Olanzapine and ondansetron ODT are similar in name and presentation. Extra care must be taken to ensure the right medication is selected prior to administration.
- Ambulance officers must only administer medications for the listed indications and dosing range. Any consideration for treatment outside the listed scope of practice requires mandatory approval via the *QAS Clinical Consultation and Advice Line*.
- The majority of patients presenting with a SAT +1 can be appropriately managed without pharmacological intervention.
- Consent can be provided by the patient, or if the patient lacks decision-making capacity, consent may be provided by the patient's substitute decision-maker if practical (guardian, attorney, statutory health attorney).
- Olanzapine is not suitable for patients with severe agitation requiring emergency sedation.
- If ambulance clinicians observe the patient displaying obvious signs of cogwheeling rigidity and resting tremor without reporting a history of Parkinson's disease or LBD, olanzapine must NOT be administered.

## Special notes (cont.)

- In LBD, antipsychotics (e.g. olanzapine) can cause a deterioration in cognitive function, worsened parkinsonism/rigidity and excessive or over sedation.

## Paediatric dosages

**Note:** QAS officers are **NOT** authorised to administer olanzapine to paediatric patients.

## Adult dosages

### Acute behavioural disturbance meeting the following criteria:

- Unresponsive to de-escalation strategies;
- SAT Score +1;
- Compliant with oral medication administration;
- Consent to the administration of an oral sedative (olanzapine) has been provided (*see Special Notes*); and
- Patients located within Metro South and Gold Coast Regions being transported to a public hospital in these catchments.

ACP2  
CCP

PO

QAS Clinical Consultation and Advice Line approval required for patients  $\geq 65$  years.

$\geq 65$  years, cachectic or frail – **5 mg**

**Total maximum dose 10 mg in 24 hours.**

When clinically indicated, a second dose may be administered at 20 minutes on the advice of the QAS Clinical Consultation and Advice Line.

16 to  $< 65$  years – **10 mg**

**Total maximum dose 20 mg in 24 hours.**

When clinically indicated, a second dose may be administered at 20 minutes on the advice of the QAS Clinical Consultation and Advice Line.