

# Medicines Optimisation Standard Operating Procedure 28 (MO-SOP-28)

## Depot Long-Acting Injections in Community Mental Health Settings

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### Version History

Version	Date	Reason for Change
V1	January 2026	New document
V1.1	January 2026	Addition of requirements for depot storage bags. Risperidone long-acting injection has a 7 day expiry once taken out of the fridge.

Acronyms	Full title
CMHT	Community Mental Health Team
GHC	Gloucestershire Health & Care (NHS Foundation Trust)
LAI	Long-acting injectable
PPE	Personal Protective Equipment
RMN	Registered Mental Health Nurse
RNA	Registered Nursing Associate
SOP	Standard Operating Procedure

### Objectives

Standard Operating Procedures (SOP) are both a set of written instructions and a written record of procedure. SOPs aim to ensure that regularly performed tasks are completed consistently and uniformly across the organisation and can be effective measures to improve performance and results.

## Purpose

- Long-acting injectable (LAI) antipsychotics, or 'depots', are a useful and well-established form of administering antipsychotics in the management of schizophrenia and other indications, often used or commenced when adherence has been an issue.
- This SOP's purpose is to ensure the safe, effective, and consistent administration of LAIs to patients in a community mental health setting in accordance with clinical guidelines, legal requirements and best practices.
- This SOP is necessary to ensure that administration of these products is as safe and cost-effective as possible, minimising waste and risk of patient harm.
- The ordering, storage, transportation and disposal of medicines should be in line with the Trust policies relating to managing medicines and associated SOPs: [Managing Medicine \(Storing, Prescribing, Administration, Disposal\) Policy CLP034 \(Trustwide\) - Interact](#)
- This SOP will be published on the Trust's intranet site.
- Community mental health team line managers/leaders will disseminate this SOP to all community mental health Trust employees through line management and staffing briefings, supervision and/or multi-disciplinary team meetings.

## Who will use this SOP

- This SOP applies to all healthcare professionals involved in the preparation, administration, documentation, and follow-up of depot injections across community mental health services.
- **Prescribing Clinician:** Prescribes depot medicine, reviews and monitors for efficacy, tolerability and safety as per clinical guidelines.
- **Administering Registered Nurse (RMN / RNA):** Administers depot injections, monitors for immediate side effects and documents administration. Reports any concerns to the prescriber and care coordinator. In a clinic setting, the RMN/RNA facilitating the depot clinic will conduct regular stock checks and rotation and works with the Team Administrator to complete regular medicine orders.
- **Pharmacist:** Ensures the LAIs and depots on the stock list reflect the requirements of the team patients and provides necessary guidance about use. Makes recommendations to prescribers about individual patient care, and general prescribing practices, informed by the evidence base.
- **Clinical support worker (in clinic settings):** Schedules appointments, arranges reminders and manages patient records. Supports with the organisation of the depot clinic alongside the RMN/RNA.
- **Care co-ordinators:** Provide information about possible ongoing side effects and monitors for efficacy and tolerability. Holds overall responsibility for monitoring late administrations in discussion with the prescriber.
- **Team Administrator:** Completes regular medicine orders alongside an RMN/RNA.
- **CMHT duty nurses (RMNs/RNAs):** Support with late administrations of depot injections upon the request of the clinic nurse / care co-ordinator / prescriber based on need.

## Definitions

- **Antipsychotic long-acting depot Injection/LAI:** A slow-release formulation of medicine administered intramuscularly, typically for long-term treatment of severe and enduring mental illness.

## SOP detail

### Patient Preparation

1. Confirm patient identity using at least two identifiers (e.g., full name and date of

- birth).
2. Confirm the appropriateness of the patient for administration on a case-by-case assessment e.g. the patient is not severely acutely unwell, distressed or intoxicated.
  3. If the patient presents as being under the influence of alcohol or illicit substances, consider whether the patient is able to consent to the depot injection and if there are any identified risks to administering the injection, e.g. consider if the patient is able to sit still during administration. *Note: consumption of alcohol is not in itself a contra-indication to administration of an antipsychotic depot.*
  4. If a patient presents as heavily intoxicated, it should be noted if this is abnormal for that patient; consider if this is a sign of worsening mental health and offer support or signposting if appropriate. If in any doubt, or to check for interactions or effects of illicit substances, consult the prescribing clinician or pharmacist.
  5. Review the prescription chart and confirm the medicine, dose, route and due date.
  6. Review allergies and previous adverse reactions.
  7. Obtain consent from the patient for the injection.
  8. Wherever possible, only the patient should be in the room with the administering member of staff. Accompanying carers/relatives should not be present unless specifically requested by the patient.
  9. Students/trainees should only be present with the patient's informed consent.

### Medicine Preparation

1. Wash hands and wear appropriate PPE.
2. Check medicine expiry date and integrity of packaging.
3. Prepare medicine in a clean area using principles of aseptic non-touch technique (ANTT).
4. The medicine should be stored in line with: [MO-SOP-02 Temperature monitoring of rooms where medicine and dressings are stored - Interact](#)

### Administration

1. Explain the procedure to the patient including the name and dose of medicine to be administered.
2. Select the most appropriate dose formulation for the medicine dose to be administered. Do not mix formulations of different strengths (i.e. all ampoules used must be of the **same strength** if using more than 1 ampoule). If available a more concentrated formulation should be used if the volume of injection is large (e.g. exceeds 2mls).
3. Choose appropriate injection site depending on the specific medicine and influenced by patient preference (e.g., deltoid, vastus lateralis, gluteal muscle). If unsure, check with pharmacy that the medicine can be administered to the particular muscle.
4. Assess the injection site for suitability. Rotate sites wherever possible (e.g. right gluteal muscle, left gluteal muscle, and so forth).
5. Clean the site with alcohol swab if the area is soiled. Do not take any further action until the alcohol evaporates – the length of time depends on air temperature but usually this takes around 30 seconds.
6. Administer intramuscular injection as per clinical guidelines:
  - Use Z-track technique
  - Inject medicine slowly.
7. Apply light pressure and plaster if needed (ensuring to check for allergies to plasters).

### Documentation

1. The depot prescription chart must be signed, dated, injection site listed and next injection due date recorded. The ampoule batch number is not required – it is

optional to list this.

1. The patient's appointment in the Rio diary should be outcomed noting the time of their arrival.
2. The patient record (Rio) should be updated at the earliest convenience using **Appendix A**.
3. Schedule next appointment per prescribing schedule. Details of the next injection due date should be added to the depot clinic diary if applicable.
4. The patient's future appointment should be booked into the Rio diary for the corresponding date.
5. The patient should be given the details of their next appointment in their preferred format e.g. appointment card, letter, etc.

### Post-Injection Monitoring

1. Observe the patient for any immediate side effects or allergic reactions during the appointment.
2. Report any concerns about the patient or their mental state to the prescriber and care coordinator.
3. Report any significant concerns raised by the patient to the prescriber and care coordinator.

'Choice and Medication' offer a number of patient leaflets that may assist with shared decision-making, including a handy chart for comparison of drugs used in psychosis, which allows for comparison of adverse effects. There is also a short and long version of a handy fact sheet comparing depot injections with oral antipsychotics.

<https://www.choiceandmedication.org/2gether/>

### Staffing

Note: depot clinics should be facilitated by 2 staff members. This supports the efficient and effective monitoring of the clinic and safe patient care. One of the staff members can be a support worker.

### Missed appointments

Every effort should be made to administer doses of a depot injection on the due date. However, it is recognised this may not always be possible, e.g. due to patient non-attendance.

#### If a patient misses one planned injection:

When this happens as a single, isolated event, assess the risk from the patient not receiving their depot on the due date and utilise acceptable tolerances as described in [Timing for Administration of Depot Medicine - Interact](#)

#### If a patient recurrently misses their injection:

If it is a recurrent event, try to understand the reason e.g. forgetfulness, work schedule, lack of insight into the need for the medicine. Consider implementing a patient-specific reminder process, e.g. text or phone call on day before appointment/visit, or a change to the treatment plan about access to injection in discussion with the care co-ordinator and prescriber (e.g. the person may not be ready for clinic care and may require home visits at the current time).

#### Actions for clinic staff:

If a patient misses their scheduled depot injection clinic appointment, the patient or their family member/care giver (in line with their consent preferences) should be contacted by clinic staff on the same day to ascertain the reason for the missed appointment. Options in order of preference include:

1. The patient attending the clinic later the same day.
2. The patient attending the community base the following day with a specified time agreed wherever possible. In this case an RMN/RNA duty worker should be requested to administer the depot injection – this should be written into the duty diary and the duty workers, team admin and care co-ordinator should be updated via e-mail (and verbally where possible) about this planned arrangement.
3. If the patient is unable to attend the community base the next day, the duty worker will ascertain whether a home visit is appropriate and/or necessary and communicate this/discuss this with the care co-ordinator wherever possible. The care co-ordinator may be able to facilitate the home visit.
4. If these options do not successfully enable administration of the injection, the duty worker should let the care co-ordinator, team administrator, senior clinicians and prescriber know via e-mail and verbally (where possible). A discussion can also take place in the MDT as indicated if posing a clinical concern. *Note: Attention should be paid to out-of-office replies where a care co-ordinator is taking on annual leave or absent from work.*
5. Care co-ordinators and prescribers should be updated via e-mail about any changes to care plan, non-adherence or challenges in attending the depot clinic routinely so that this can form part of ongoing discussions about treatment plans.

### **Administering injections early or late (planned) in the community**

1. There may be occasions when it is planned to give a dose early or late, e.g. if the patient is going on holiday or unavoidable service/staffing pressures exist. In these circumstances, this document provides a tolerance, around the due date, within which the dose can be given without a clinically significant impact on efficacy or need for supplementary action (e.g. temporary dose adjustment)

#### **Timing for Administration of Depot Medicine - Interact**

2. Nurses may administer individual doses within these tolerances without prescriber approval but must not repeatedly utilise these tolerances as this may affect long-term efficacy or tolerability.

3. If a missed dose cannot be given within these tolerances, please discuss with the prescriber. Additional prescriptions may be required, e.g. a “once only” dose on the community depot chart. An incident must be reported if a dose is not given within tolerances due to staff or service error via Datix. [Datix: GHC DatixWeb system GHC DatixWeb Incident Reporting Form - Gloucestershire Health and Care NHS Foundation Trust](#)

4. When a patient is admitted to an inpatient service (e.g. psychiatric hospital, acute hospital) **it is the responsibility of the inpatient service to prescribe and administer ALL drugs to the patient** including depots whilst they are under the care of the hospital. The care coordinator / prescriber should link with the inpatient team at the earliest convenience (especially an acute hospital who do not use the same clinical system) to inform them of the depot prescription, that this is usually prescribed by community mental health services, and the date next due. Inpatient care should contact community mental health services as part of discharge planning to share information regarding the depot prescription and next due date.

### **Prescribing**

1. Trust prescription charts for depot injections are valid for up to 6 months. After that time, prescriptions must be reviewed and rewritten.
2. Doses should be reviewed at least annually, ensuring the lowest effective dose is

prescribed and that any side effects are addressed.

3. The least frequent dose administration schedule should be used to minimise the number of injections required. Injections are invasive and carry some administration risks.
4. Report any serious adverse drug reactions to the relevant authority (Medicines and Healthcare products Regulatory Agency via the [Yellow Card Scheme](#).)
5. Prescribers should routinely use rating scales for a more objective measure of side effects as part of their practice, for example the GASS: [GASS word version - Interact](#)
6. Prescribers should add a Rio progress note to reference any changes to the prescription and mark as a 'significant event'.
7. Please refer to the High Dose Antipsychotics policy as required: [High Dose Antipsychotic Therapy \(HDAT\) \(Use of\) Policy \(CLP248\) for Mental Health Settings - Interact](#)

### Monthly depots

For patients who attend a depot clinic to receive their injection, it is recommended to prescribe a monthly depot injection 'every 4 weeks / every 28 days' in order for this administration dates to fall within the remit of the service delivery.

For patients who have depots administered at home by their care coordinator, it is recommended that the injection is prescribed 'monthly'. The care coordinator can arrange the next appointment date. Please note: Calendar monthly means a date pattern, e.g. 1<sup>st</sup> September, 1<sup>st</sup> October, 1<sup>st</sup> November.

### Infection Control

- Follow standard infection prevention and control protocols.
- All staff involved in the administration of injections are expected to follow good practice guidance including hand hygiene procedures.
- Use single-use syringes and needles. Ensure all equipment has not expired.
- Dispose of sharps immediately in sharps bin as per guidelines.
- The clinic should be a safe, clean and tidy environment. It should be a space whereby the patient's confidentiality can be maintained.
- There should be hand washing facilities, sharps bins and waste bins available within the immediate vicinity.
- Depot bags need to have the ability to be cleaned inside and out with a green universal Clinell wipe. Frequency of cleaning would be a 'clean in between' approach. Only the prescribed medication due to be administered to the patient(s) should be transported by community nurses on a given journey. This should be transported in an approved bag which complies with infection prevention and control. This should be kept in sight or stored safely to avoid tampering or loss when meeting with the patient. When travelling, the medication bag should be stored in the boot of the car and out of sight.
- For community nurses administering Risperidone long-acting injection away from the work base - once taken out of the fridge the injection has a 7-day expiry and should not be returned to the fridge.
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### Training and competency (MO-SOP-28)

Staff administering depot injections (RMN/RNA) must be trained and deemed competent. Nurses should receive clinical supervision in line with the Trust's supervision policy. [Supervision: Overarching Supervision Policy \(Clinical and Non-Clinical\) CLP116 \(Trustwide\) - Interact](#)

Staff facilitating the depot clinics should have the appropriate induction by another member of staff familiar with the clinic, or a manager/leader from the service area.

Staff/professional group	Type of training	Frequency
Nursing staff (RMN/RNA)	Administration of deep intramuscular injections (practical and theoretical)	During core RMN/RNA training
Nursing staff (RMN/RNA)	Intramuscular (IM) Injection Training on Care2Learn (e-learning)	Advisable to refresh every 3 years
Nursing staff (RMN/RNA)	Administration of specific products (online from manufacturers)	As required
Support worker involved in the depot clinic	Depot clinic induction by a member of staff familiar with the clinic, or a manager/leader from the service area	During induction

### Incident Reporting

1. In the event of a medicine error, the Medicine Error/Incident Management Clinical Policy CLP041 should be adhered to. [Medicine Error / Incident Management Clinical Policy CLP041 \(Trustwide\) - Interact](#)
2. Any errors or adverse incidents must be reported according to the Trust's incident reporting procedures (Datix). [Datix: GHC DatixWeb system GHC DatixWeb Incident Reporting Form - Gloucestershire Health and Care NHS Foundation Trust](#)
3. In the event of a sharps injury, the Trust policy should be followed and a Datix incident report should be completed. [Sharps and Splashes Injuries Policy - Prevention and Management of Occupational Exposure to Blood Borne Viruses \(Infection Control Policy CLP086\) - Interact](#)

### References

1. [Depot Guidelines from JC & Feetam 2023 update - Interact](#)
2. [Sharps and Splashes Injuries Policy - Prevention and Management of Occupational Exposure to Blood Borne Viruses \(Infection Control Policy CLP086\) - Interact](#)
3. [Infection Control Policy - Interact](#)
4. [Hand Decontamination Infection Control Policy \(CLP087\) - Interact](#)
5. [Overview | Psychosis and schizophrenia in adults: prevention and management | Guidance | NICE](#)



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6. [MO-SOP-02 Temperature monitoring of rooms where medicine and dressings are stored - Interact](#)
7. [Managing Medicine \(Storing, Prescribing, Administration, Disposal\) Policy CLP034 \(Trustwide\) - Interact](#)
8. [High Dose Antipsychotic Therapy \(HDAT\) \(Use of\) Policy \(CLP248\) for Mental Health Settings - Interact](#)
9. Feetam, C & White, J (2020). Guidance on the Administration to Adults of Oil-based Depot and other Long-Acting Intramuscular Antipsychotic Injections. 6th Edition.
10. Taylor, DM., Barnes, TRE., and Young, AH. (2021). The Maudsley Prescribing Guidelines in Psychiatry. 14th edition. (Wiley Blackwell).

## **Appendices**

### **Appendix A: RiO Note Template**

#### **Appendix A – Rio note template**

##### Depot Administration Template

Location of depot administration (i.e. home, clinic)

Consent Obtained:

Drug name and dose:

Site of Administration:

Presentation / mental state:

Reported side effects:

Date next dose due: