

AUDIT OF THE COMPLETENESS OF “AS REQUIRED” (PRN) PSYCHOTROPIC MEDICATION ORDERS IN SOUTH AUSTRALIAN HOSPITALS

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BACKGROUND

“As required” (PRN) psychotropic medications are frequently used in an inpatient setting to manage acute manifestations of psychiatric disorders. As use of these medications is associated with serious adverse effects, it is important that PRN psychotropic orders are clearly and unambiguously communicated.

The national QUM indicator 7.1 stipulates that a PRN psychotropic order is complete if it contains an adequately documented indication, dose (or dose range), frequency and maximum daily dose. It is essential that all these parameters are documented clearly to ensure that health care staff administering the medications understand the prescriber’s intentions, the circumstances for which the medication is to be administered and how much medication is to be given.

Incomplete orders pose significant risks to patient safety, especially given the high vulnerability of this patient population. Lack of a maximum dose for an order may lead to excessive dosages of psychotropic medications being administered. If the frequency of administration of an order is not documented as hours between administrations, then excess amounts of the drug may be given over a short time period. Administration of excess psychotropic medication may lead to poorer outcomes for patients in the form of increased adverse effects and morbidity.

A previous Australian study found that less than 10% of PRN psychotropic medication orders are complete according to the QUM indicators. The aim of this study is to audit the completeness of all PRN psychotropic orders prescribed for inpatients of mental health units across metropolitan South Australian hospitals, according to the national QUM indicator 7.1.

Secondary aims were to identify the most commonly prescribed drug classes and to investigate whether there was a difference in the prescribing patterns based on age.

METHODOLOGY

Sites All mental health inpatient wards for Central and Northern Adelaide Local Health Network (CALHN and NALHN respectively)

Audit All inpatient PRN psychotropic orders on a given day (snapshot)

Inclusion criteria All patients with at least one PRN psychotropic medication order

Parameters were deemed incomplete if they did not meet the requirements listed in the QUM Indicator, or if they contained symbols or abbreviations that are deemed unsafe by the SA Health Medication Safety policy (Spell it out: Standardised terminology, abbreviations and symbols to be used when communicating about medicines)

Patient demographic data was also collected for the purpose of data analysis

RESULTS

542 orders for 255 patients were audited

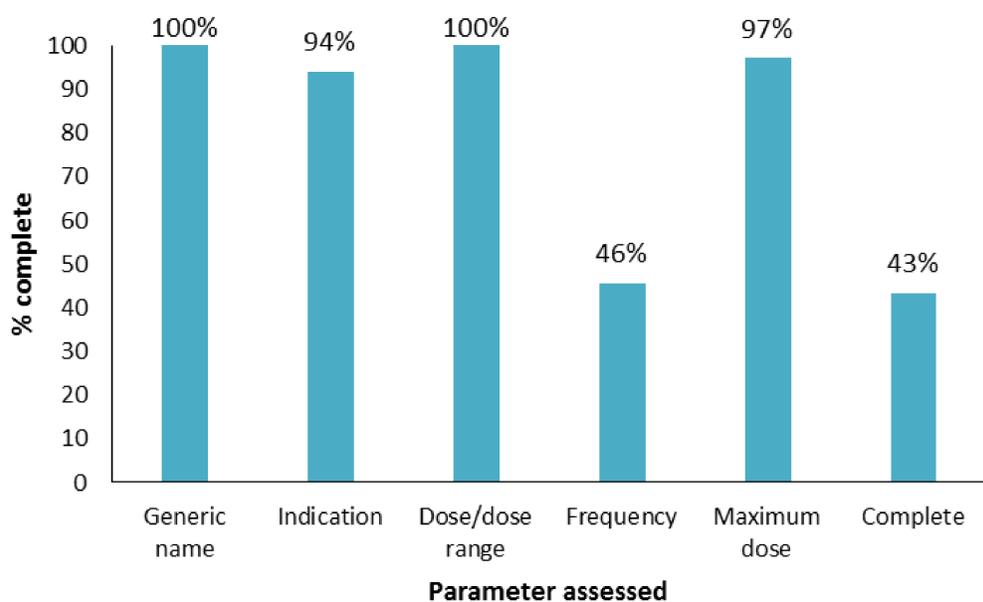


Figure 1. Percentage of orders that were complete for each individual parameter assessed and the total that were complete according to the QUM indicator.

Overall, 43% of all PRN psychotropic orders were complete according to the QUM indicator at both LHNs. Frequency was the least well documented parameter and was inadequately documented in 54% of the orders. Of those orders, frequency was completely omitted in 14% of orders and in the remaining 86%, it was inadequately documented according to the standard.

Inadequate documentation of frequency included using descriptors such ‘bd’ instead of an interval defined in hours, or using unapproved abbreviations such as “3/24” instead of “3 hourly”.

RESULTS (CONTINUED)

Table 1. Percentage of orders that were complete according to the type of mental health ward

Type of mental health unit	No. of patients	No. of orders	% complete
Acute	121	303	51%
Older Persons	56	81	58%
Psychiatric rehabilitation	38	65	28%
Forensic	40	93	9%
Total	255	542	43%

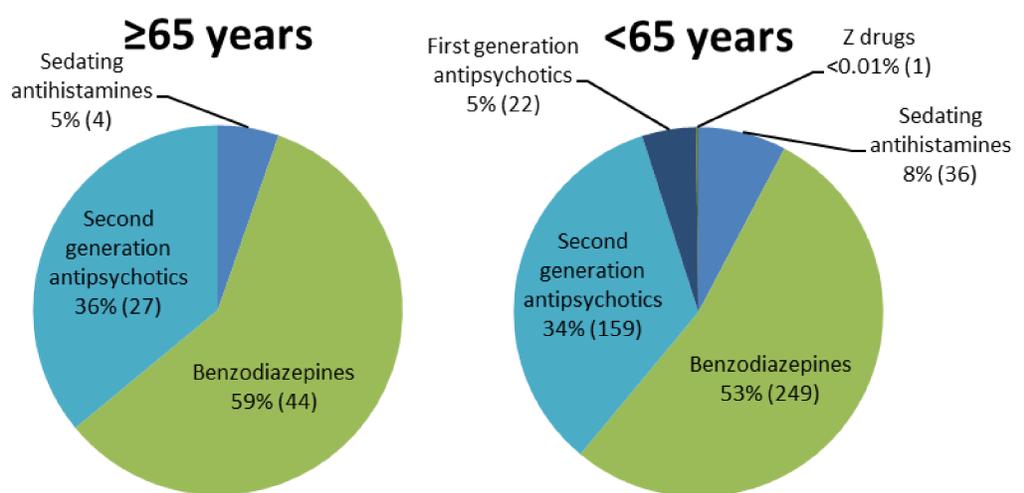


Figure 2. Relative frequency of drug classes prescribed, grouped according to age (under 65 years, 65 years and over).

Benzodiazepines were the most commonly prescribed class of PRN psychotropic, followed by second-generation antipsychotics. In patients younger than 65, first-generation antipsychotics made up 5% of the total number of PRN psychotropic orders. This class was not prescribed to elderly patients.

DISCUSSION

This audit found 57% of PRN psychotropic orders were incomplete, with inappropriate documentation of frequency being the greatest contributor (54%). This was largely due to frequency being inadequately documented (86%) rather than it being completely omitted (14%).

Frequency must be documented as a minimum number of hours between each administration according to the QUM indicator 7.1. Descriptors such as ‘bd’ or ‘tds’ are not acceptable according to the indicator as they are ambiguous and may lead to excess medication being administered in a short period of time. In addition, describing frequency using symbols or abbreviations that are considered unsafe by the SA Health Medication Safety policy document was deemed inadequate as these pose safety risks because they may be misinterpreted by nursing staff.

The SA Health policy does not state that ‘bd’ or ‘tds’ descriptors for frequency are unacceptable for PRN orders. An introduction of a policy on adequate documentation of PRN orders, with particular focus on documentation of frequency, should be considered. Education to prescribers regarding the safety risks of incomplete orders and the importance of documenting frequency as hours between administrations is warranted. The effectiveness of this intervention in improving prescribing practices could be investigated in a future audit.

As seen in Table 1, the Older Persons mental health wards had the highest percentage of complete orders (58%) whereas the Forensic mental health wards had the lowest (9%). Due to this large difference in the proportion of orders that are complete, it would be worthwhile to investigate the differences in prescribing policies and medication safety practices between these wards.

Figure 2 illustrates the proportions of the drug classes that were prescribed to the patients, according to age. Second-generation antipsychotics and benzodiazepines were prescribed in similar proportions to both elderly and non-elderly patients. First-generation antipsychotics were not prescribed at all to elderly patients. This may reflect prescribers being increasingly aware of the propensity of these drugs to cause extrapyramidal side effects, which elderly patients are more vulnerable to.

Currently, ethics approval is being obtained for the Southern Adelaide Local Health Network for this audit to allow a full comparison of prescribing trends across all local health networks.

REFERENCES

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