

MODULE 3b

CASE NOTE/DRUG CHART AUDIT ON THE USE OF RAPID TRANQUILLISATION FOR WORKING AGE ADULTS AND OLDER PEOPLE'S SERVICES

GUIDANCE NOTES

This case note/drug chart audit of rapid tranquillisation has been designed using good practice from NICE, using the definition below.

NICE Guideline definition of Rapid Tranquillisation:

All medication given in the short-term management of disturbed/violent behaviour should be considered as part of rapid tranquillisation (including PRN medication taken from an agreed rapid tranquillisation protocol or as part of an advance directive).

(NICE, 2005)

The questionnaire items are based upon the rapid tranquillisation (RT) algorithm from the quick reference guide of NICE guideline 25.

Note: the NICE (2005) Guideline explicitly excludes services for people with dementia. The National Audit of Violence Steering Group recommend that you refer to your local policy relating to the use of rapid tranquillisation in older people, or you may wish to consider the following guidance:

Psychiatric Services to Accident and Emergency Departments. Council Report CR118. (February 2004). Royal College of Psychiatrists and British Association for Accident and Emergency Medicine.

To assist you further in this process, we have included the relevant guidance from the NICE guideline and the reference document above. We have also included an antipsychotic dosage ready reckoner, applicable for working age adults, developed by the Prescribing Observatory for Mental Health UK.

The table below summarises these appendices.

WORKING AGE ADULTS	OLDER PEOPLES SERVICES
Antipsychotic dosage ready reckoner	Sedation guidelines for accident and emergency departments (older people)
Summary of product characteristics (SPC) chart for rapid tranquillisation	
Rapid tranquillisation (RT) algorithm	
Rapid Tranquillisation – Doses	

INTRODUCTION

Module 3b is a case note/drug chart audit of the care and supports offered to people who have experienced the use of rapid tranquillisation to manage their severely challenging/violent behaviour. The audit tool can be photocopied and completed in paper form, but the data must then be entered via the web-link: www.rcpsych.ac.uk/nav-data

PROPOSED AUDIT STANDARDS

The questions within the audit tool are based upon the rapid tranquillisation section of the NICE Guideline: Violence – the short term management of disturbed/violent in in-patient psychiatric settings and emergency departments (2005). As the scope for the audit specifically excluded services for people with dementia, the audit tool for 'older people's services' is more brief than the 'working age adults' equivalent.

DATA COLLECTION PERIOD

The data collection for Module 3b commences 9 October 2006 and ends 28 February 2007.

PROPOSED AUDIT METHOD

We appreciate that some wards will use rapid tranquillisation more than others. Therefore, we have developed an audit method that will suit all participants.

A sample of case notes, selected during a census week, should be audited using the audit tool provided.

Census week: your project team should, in full consultation with the Ward Manager, agree a specified week when the audit sample will be drawn. During the period of this week, a numbered list should be compiled of all instances where a patient has, in accordance with the NICE definition (above), been given rapid tranquillisation.

Exclusion criteria

- medication that was given for other reasons, eg. sleep, pain control.

Sampling:

At the end of the week, 50% of the total number of instances of rapid tranquillisation should be selected, to include a minimum of 5 and a maximum of 15.

Working through the numbered list, up to 15 separate instances should be selected by choosing the odd numbers in the list.

Note:

If, at the end of the census week, you have insufficient instances to include in the audit, you have two choices:

1. continue collecting the list for one (or more) additional weeks;
2. include all instances in the sample.

The corresponding case notes/drugs charts should then be audited using the tool provided.

Once completed, the audit data should be entered using the web-link:

www.rcpsych.ac.uk/nav-data

WHO SHOULD CARRY OUT THE AUDIT

Census week: the Ward Manager should ensure that a complete record is kept of any patient that has received rapid tranquillisation during the specified census week. This task could be delegated to another member of the nursing team or the ward clerk, or could be compiled by the team at each handover.

Audit of case notes/drug charts: the list of names can be passed onto a member of the MDT who can carry out the audit itself, for example:

- a senior nurse
- an SHO or SpR
- a pharmacist
- a member of the clinical governance / clinical audit team

Data entry via web-link: the completed audit tools could be entered by any member of staff who is a competent user of the internet.

ANONYMITY/CONFIDENTIALITY ISSUES

The completed audit tools must remain anonymous and should not be patient identifiable. It is recommended that you keep a separate list of case notes audited, should anyone need to check the audit findings at a later stage.

REPORTS

National reports will be issued between March and April 2007.