

Rapid tranquillisation in over-65s in a general hospital: A re-audit

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Background

The existing rapid tranquillisation (RT) policy in use at the hospital is in line with the local mental health trust's policy, written predominantly to guide management of disturbed behaviour in the context of psychosis or mania. A previous audit conducted prior to the SARS-CoV-2 pandemic had revealed poor prescribing practices, and identified that all older adults given RT included in the audit had a diagnosis of delirium and/or dementia rather than mania or psychosis. Following this audit a delirium policy¹ was developed, however further quality improvement work was hindered by the pandemic.

Aims

To re-audit current practice against existing local RT policy in place at a district general hospital, to see whether this had improved following the initial audit, and to restart quality improvement work in this area following the SARS-CoV-2 pandemic.

Method

Using the same audit tool developed in 2019, drug charts for all patients across six wards (2 geriatric wards, 3 medical wards and 1 surgical ward) were checked twice within a two month period (October – November 2022). Patients were included in the audit if they were over 65 and prescribed oral or intramuscular sedating medications. Proforma items included medication used, which route, whether it was prescribed regularly or prn, whether a reason for the prescription was documented, and whether post sedation monitoring took place. Data was collected from prescription charts, current paper medical and nursing notes, and electronic patient record systems vitalpacs, evolve and careflow)

Results

A total of 297 drug charts were reviewed, and 13 patients were identified who had been prescribed oral or intramuscular sedation. The maximum daily dose was included in the prescription only 63% of the time, and the most common route of administration was intramuscular (figure 1). Only half of prescriptions documented an indication for the prescription, of which 25% were illegible (figure 2). The majority of prescriptions were written in the "PRN" section of the drug chart rather than as stat doses. Of all the patients prescribed RT, 77% had a diagnosis of delirium, 77% had a diagnosis of dementia and about 53.8% had both (figure 3). The majority of prescriptions were for lorazepam (75%). There was no evidence of observations being taken in line with post RT monitoring in the trust policy. These findings were broadly similar with the previous audit findings, with no improvements identified.

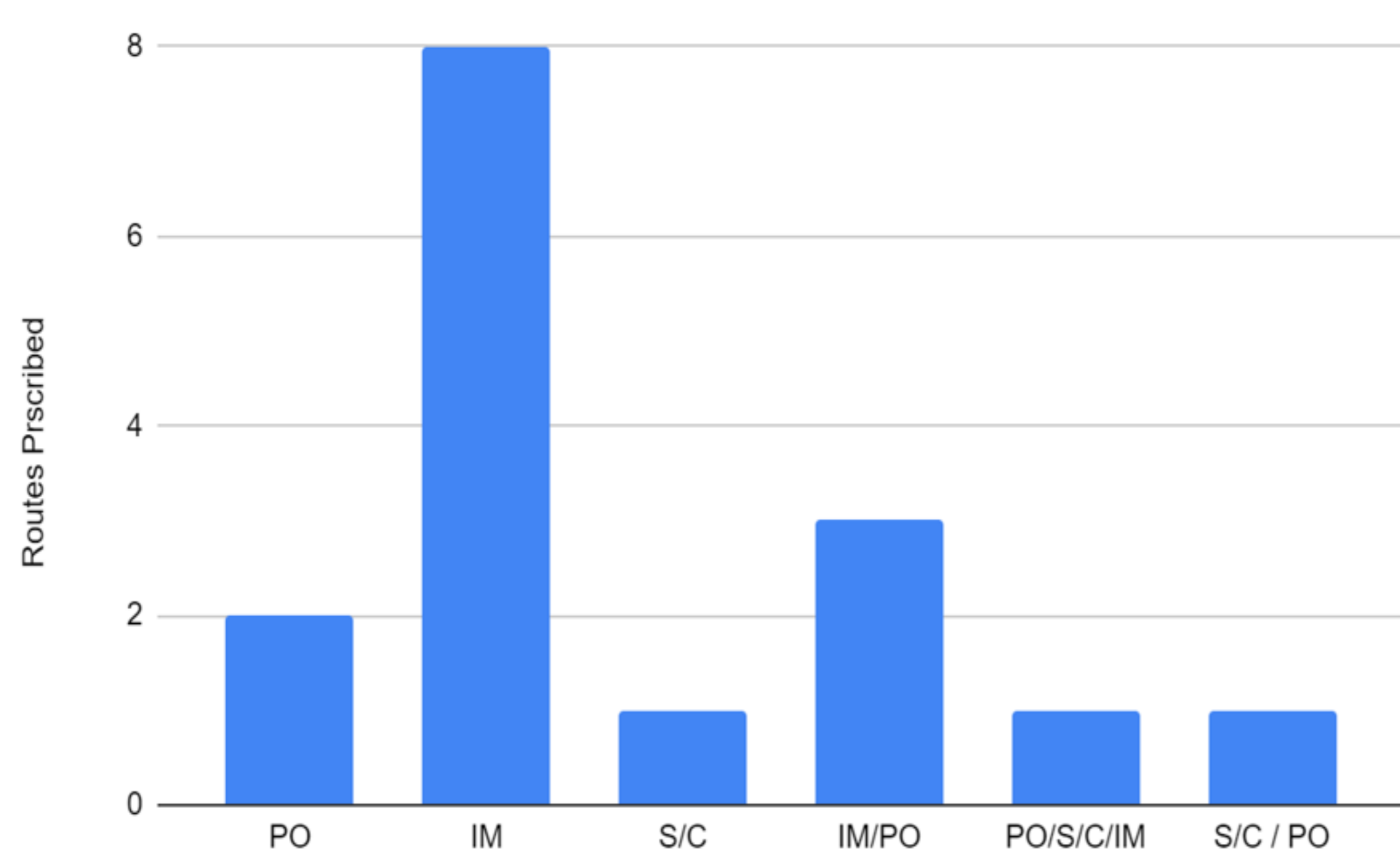


Figure 1: Route of prescription (PO = oral, IM = intramuscular, s/c= subcutaneous)

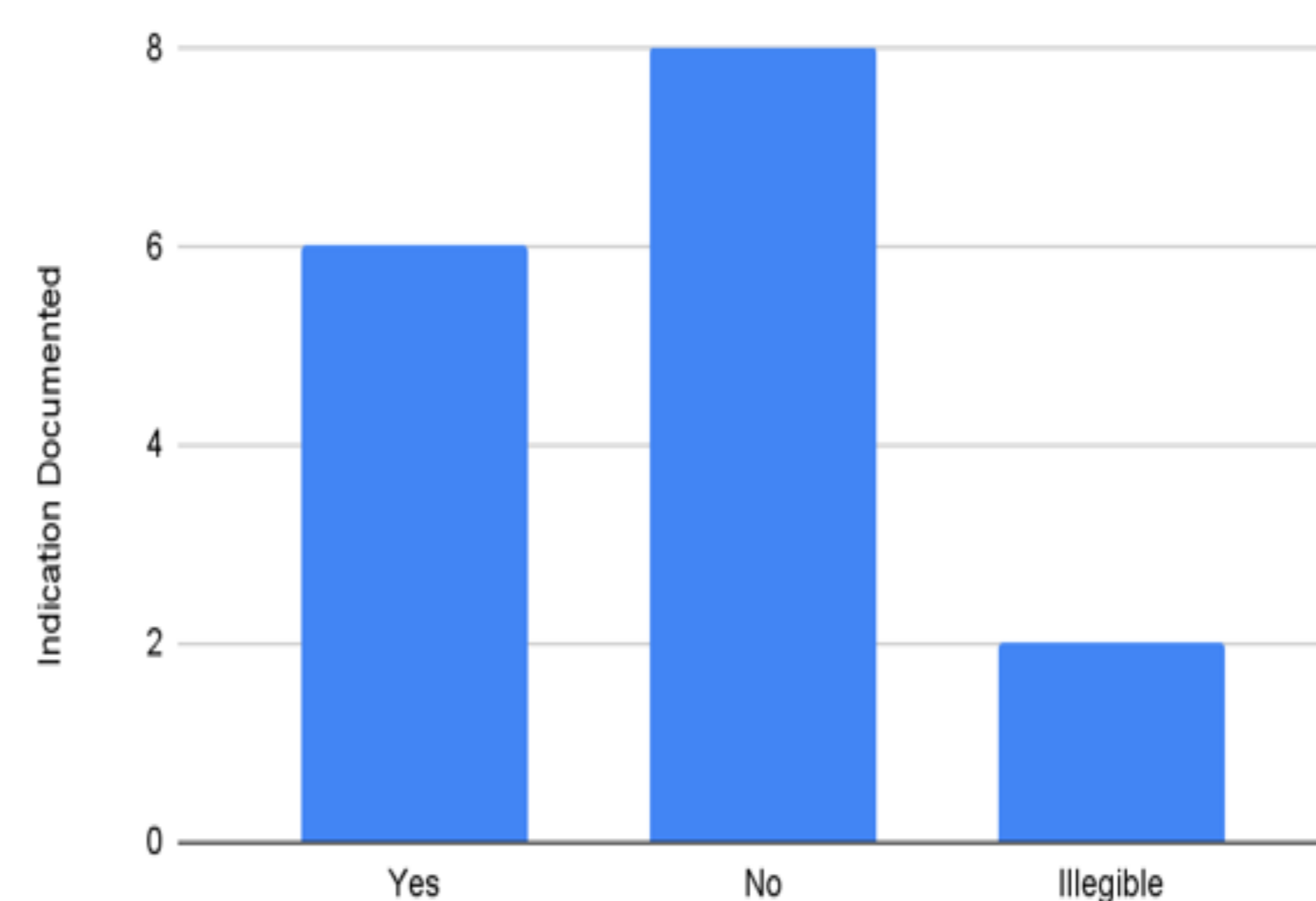


Figure 2: Reason for rapid tranquillisation documented in notes

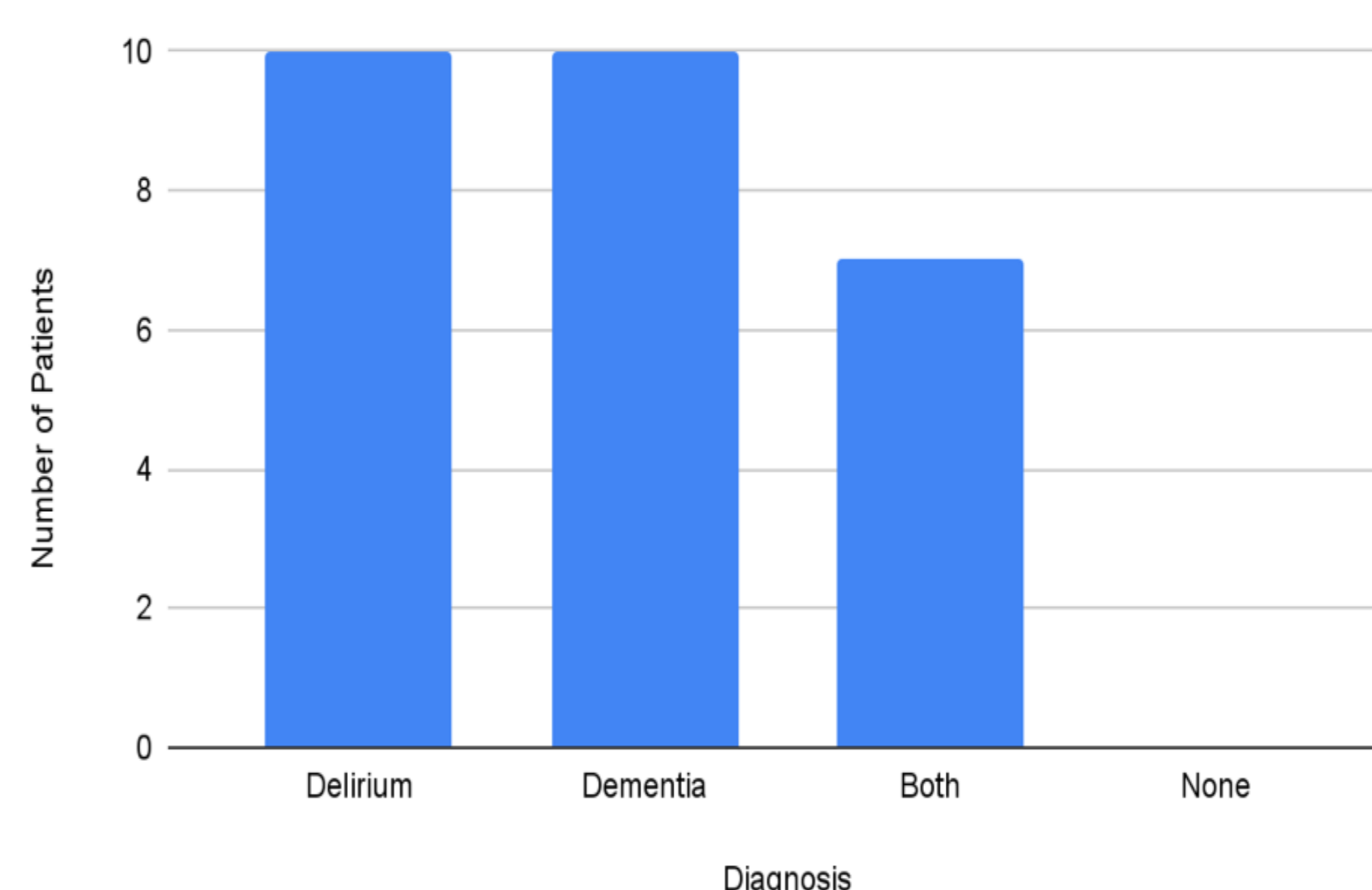


Figure 3: Diagnoses of patients receiving rapid tranquillisation

Conclusions

As per the previous audit, all patients receiving RT had a diagnosis of delirium and/or dementia. Documentation was poor and post sedation monitoring did not take place in line with local policy. The results of this audit may be due to lack of knowledge & lack of awareness of current policies in place. Further work needs to be done to improve practice. The RT policy requires updating with a clear section on older adults that includes signposting to the delirium policy and acknowledgement that most patients in this age group in the general hospital where RT is being considered have dementia or delirium, with post sedation monitoring requirements made clearer and in line with general hospital processes (via vitalpacs).

Next steps

This re-audit comprises the first stage in the Plan Do Study Act cycle of a quality improvement project. Findings of this audit have been presented and discussed with hospital staff at departmental teaching sessions and Grand Round during the week of World Delirium Awareness Day. The RT policy at the trust is being revised to incorporate a clearer section for older people which signposts to the delirium policy, and clarifies monitoring requirements. The authors are also developing a slide set and simple poster guidance for the ward. Progress will be monitored by re-auditing in 4-6 months.

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References

1. Ashford and St Peter's Hospitals NHS Foundation Trust Delirium pply (2020) [Delirium Policy \(ashfordstpeters.info\)](http://ashfordstpeters.info)