USE OF ANTIPSYCHOTIC MEDICATION ON STEP-DOWN FROM INTENSIVE CARE



BACKGROUND

Continuation of antipsychotics started on ICU on transition to ward care is a common occurrence (1,2,3). There is a significant risk of adverse reaction and increased cost associated with prolonged usage (2), the precipitants of delirium also vary between ward and ICU. Our project aimed to reduce the number of patients inappropriately discharged from ICU on antipsychotic treatment.

RESULTS: OUTCOME MEASURE

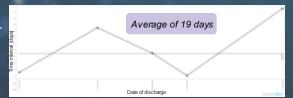
We measured the time interval between discharged patients remaining on antipsychotics without a plan to discontinue:



The above shows that the frequency of inappropriate discharges on antipsychotics reduced significantly in May-Jun 2020 following interventions. *Last data point in July reduces the average to 12 days which correlates to an incomplete discharge checklist due to new staff

unfamiliar with procedure.

Data collection a year later (Feb-Apr 2021) shows a sustained improvement:



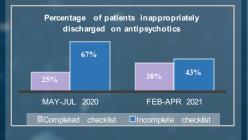
METHOD

3 cycles of data collection: 1) Feb-Apr 2020 (retrospective), 2) May-Jul 2020 (prospective) and 3) Feb-Apr 2021 (retrospective).

3 interventions made alongside cycle 2 of data collection, 1 per week: 1) email to ICU doctors; 2) poster in clinical areas; 3) reminder added to electronic ICU discharge checklist

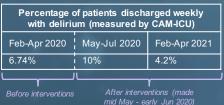
RESULTS: PROCESS MEASURE

The below chart suggests that engagement with the discharge checklist results in fewer patients discharged on antipsychotics



RESULTS: BALANCING MEASURE

We measured the presence of delirium on discharge to ensure no negative impact of our interventions. The table below demonstrates no significant increase in patients being discharged with delirium.



CONCLUSION

Our interventions have reduced the frequency of inappropriately continued antipsychotic prescriptions on discharge from ICU, we have showed this to be sustained over a year. Staff changeover does present challenges - a future intervention could be to send an informative email to new staff who may not have been inducted on the use of the discharge checklist yet.

References: 1) Deepali Dixit, PharmD, BCPS, BCCCP, FCCM, Liza Barbarrello Andrews, PharmD, RPh, BCCCP, BCPS, CHSE, Sara Radparvar, PharmD, BCPS, BCCCP, Christopher Adams, PharmD, BCPS, BCCCP, Samir T Kurmar, MD, Maria Cardinale, PharmD, BCPS, BCCCP, Descriptive analysis of the unwarranted continuation of antiposytotics for the management of ICU delirium during transitions of care: A multicenter evaluation across New Jersey, American Journal of Health-System Pharmanoy, 2021, 2jasak KD, Modleton EA, Carnamo JM, Ensad BL, Smyder LS, Huckleberry YC, Evaluation of discontinuation of surjoical antiposytotics prescribed for ICU delirium. J Pharm D., BCPS, Hore Pharm D., BCPS, FCDM, Asha L. Tata, Pharm D., BCPS, ICDM, Asha L. Tata, Pharm D., BCPS,