

Audit of use of PRN psychotropic medication for management of challenging behaviour in adults with learning disability inpatient unit

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INTRODUCTION

Psychotropic medications are frequently prescribed to manage challenging behaviour in adults with learning disabilities.

Concerns regarding over-medication, insufficient clinical justification, and poor monitoring prompted national initiatives such as NHS England’s STOMP (*Stopping Over-Medication of People with a Learning Disability, Autism or Both*) and NICE guidelines.

These frameworks mandate that PRN (as-needed) psychotropic must only be used with clear clinical indications, alongside positive behavioural support, and undergo regular monitoring.

AIM

To evaluate prescribing, administration, and monitoring practices for PRN psychotropic medication in an adult learning-disability inpatient unit against national standards, and identify key quality gaps to drive targeted clinical improvements toward 100% compliance.

METHOD

Retrospective clinical audit conducted across all inpatients (N = 6) at the Essex Partnership University NHS Foundation Trust learning disability unit over a 28-day look-back period.

Data gathered using a tool approved by the Medicines Management Group, examining Electronic Prescribing and Medicines Administration (EPMA) charts, Electronic Patient Records, and care plans across four standards:

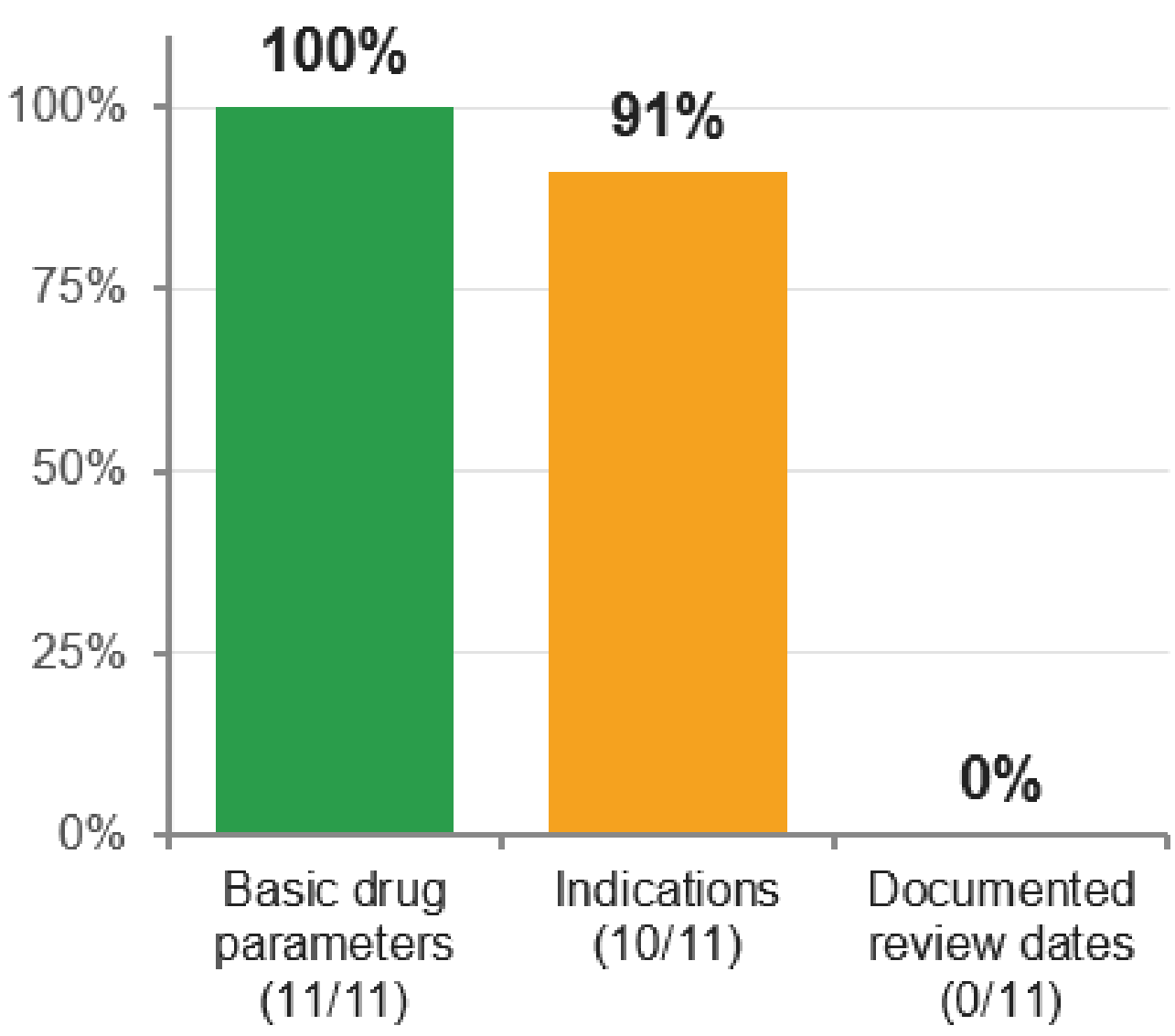
- 1. Prescription Clarity (n = 11 prescriptions)
- 2. PRN Protocols (n = 6 care plans)
- 3. Administration Documentation (n = 49 administrations)
- 4. Weekly MDT Reviews (n = 24 expected reviews)

RESULTS

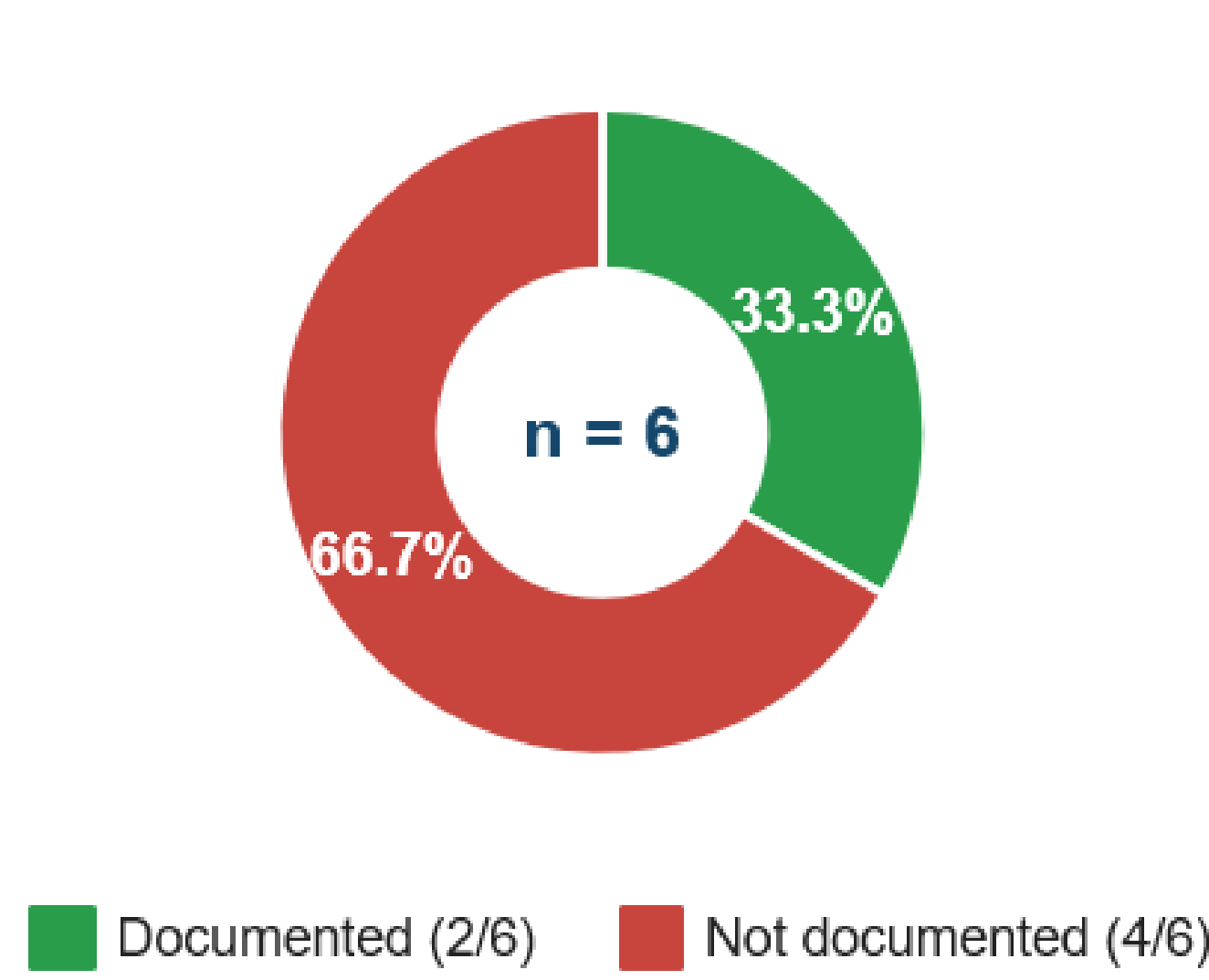
- Standard 1 (Prescription Clarity): High compliance was achieved for basic drug parameters (100%, 11/11) and indications (91%, 10/11), but documented review dates were entirely absent (0%, 0/11).
- Standard 2 (PRN Protocols): Only 33.3% (2/6) of patients had a documented individualized PRN protocol or crisis plan.
- Standard 3 (Administration Records): Overall compliance was ~81%. Recording of time (100%) and dose (98%) was excellent, but documentation lagged for triggers/indications (65%), observed therapeutic outcomes (61%), and side-effect reporting (0%).
- Standard 4 (MDT Reviews): 62.5% (15/24) of expected weekly reviews were completed and documented.

CLINICAL AUDIT: PSYCHOTROPIC PRESCRIBING & ADMINISTRATION: SIMPLIFIED RESULTS

A. STANDARD 1: PRESCRIPTION CLARITY (n=11)

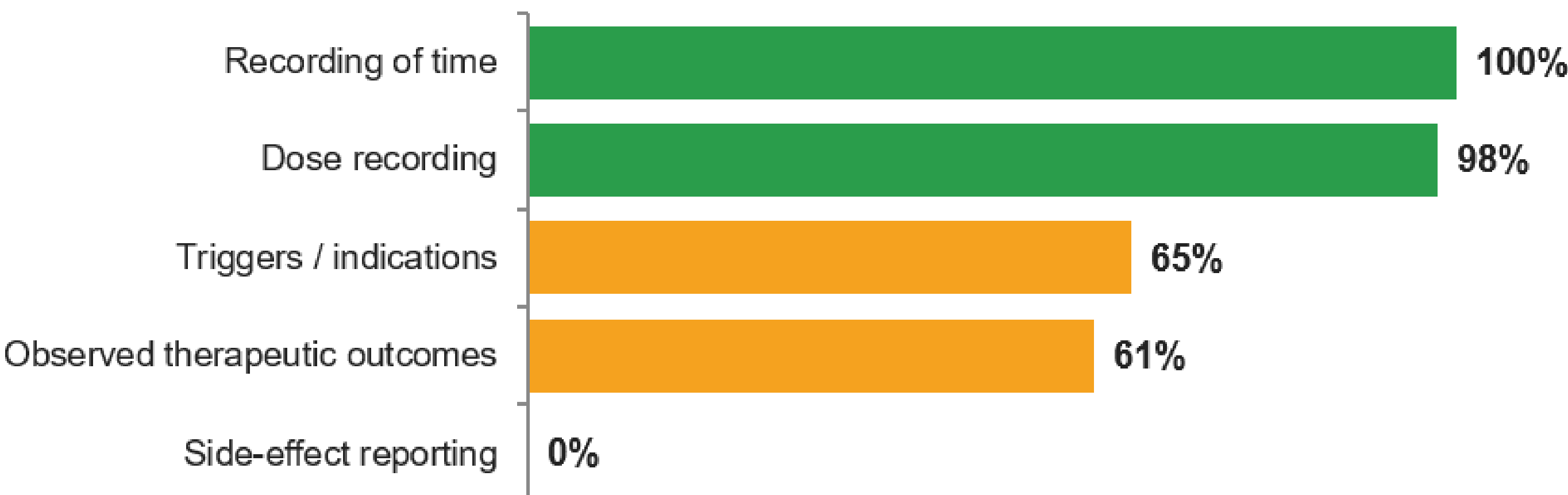


B. STANDARD 2: PRN PROTOCOLS & CRISIS PLANS (n=6)

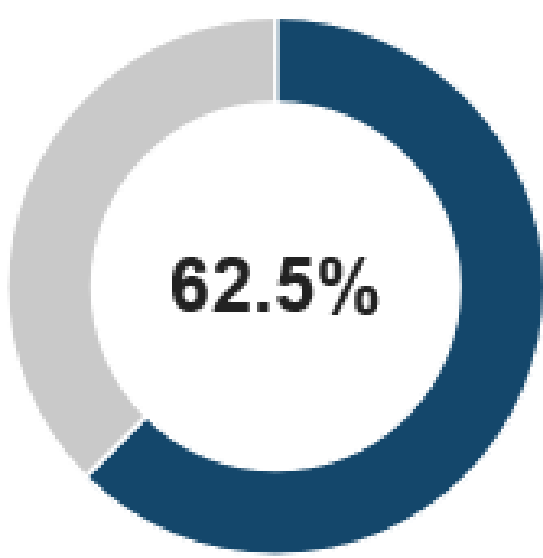


C. STANDARD 3: ADMINISTRATION RECORDS COMPLIANCE

Overall ~81%



D. STANDARD 4: MULTIDISCIPLINARY TEAM (MDT) REVIEWS



15 / 24 MDT reviews completed & documented

High compliance Partial compliance Non-compliance

CONCLUSIONS

While foundational prescribing parameters are well executed, significant gaps remain in review date scheduling, individualized PRN protocols, post-administration outcome reporting, and weekly MDT reviews.

Targeted but practical, doable interventions—including a standardised PRN protocol template, a PRN administration document template, an EPMA review-date prompt, and a resident doctor induction pack—have been implemented, with a re-audit planned in 3 months to close the audit loop.

REFERENCES

Scenario: Behavior that challenges and mental health problems | Management | Learning disabilities | CKS | NICE

https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/position-statement-ps0521-stomp-stamp.pdf?sfvrsn=684d09b3_8

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