

# Prescribing *Pro Re Nata* (PRN) Dialectical Behavioural Therapy (DBT) Skills: A Novel, Multidisciplinary Quality Improvement Project to Reduce PRN Psychotropic Medication Use in an Adolescent Inpatient Unit.

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(St Aubyn Centre Adolescent Inpatient Unit (SAC), Boxted Road, Colchester, Essex – Essex Partnership University Foundation Trust)

## AIMS & HYPOTHESIS:

1. DBT-informed principles already used to good effect throughout Unit.
2. **Aim:** To reduce use of PRN psychotropic medications by patients.
3. **How:** Creation of individualised “prescription chart” for DBT-informed coping skills equipment – used when early signs of distress/agitation identified, to reduce (or negate) need for PRN medications.



## BACKGROUND:

- At times of acute distress/agitation on Inpatient Unit: PRN medications (e.g. Promethazine, Lorazepam) offered with immediate-/short-term symptom resolution only.
- This approach is potentially detrimental to inpatient recovery & well-being in the community (i.e. in the longer term)
- DBT-informed coping skills carry strong evidence for stabilising emotional dysregulation & distress
- Inpatients relying on PRN medications less motivated to learn/practice beneficial & transferable DBT-informed skills.
- **Note:** psychotropic medications are associated with health risks & side effects, hence the need to reduce their use in this young population.
- Since February 2019: SAC has adopted a DBT-informed approach throughout the Unit, including individual & group work.

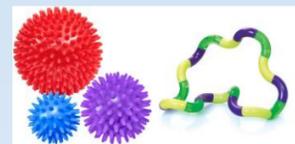
## METHODOLOGY:

1. Baseline: Audit of PRN before project implementation conducted & analysed in-house
2. Multidisciplinary creation of Individualised DBT-informed Skills Prescription Charts – with information completed following admission assessment/in weekly patient reviews
3. Equipment (e.g. weighted blankets, ice-packs; self-soothing, “TIPP Skill”) purchased, & individualised grounding scripts etc. written
4. Risk assessment, MDT review, & required equipment documented on Charts.
5. Pilot implementation started on April 14<sup>th</sup> 2021, with review meetings/re-audit to inform progression.

**Audit tool**  
(Baseline PRN use audit: pre-implementation of DBT Prescriptions)

Ward name: Longview/Adolescent Inpatient Unit  
 Paris ID: \_\_\_\_\_  
 Date of audit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Initials of data collector: \_\_\_\_/\_\_\_\_

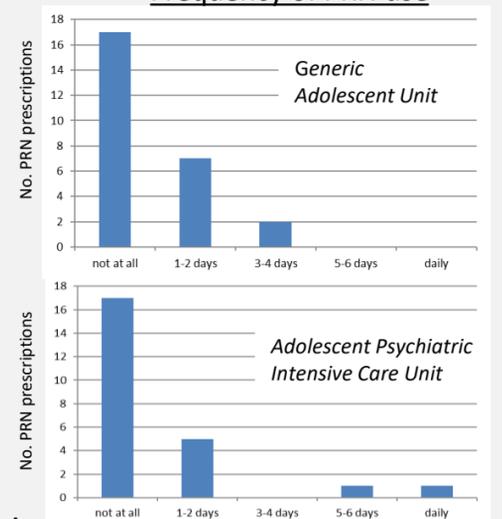
1. Name of PRN medication	
2. Route of PRN medication administration	
3. Standard indication for PRN medication use	
4. Total number of uses of PRN medication to past 7 days	
5. In the past 7 days, the PRN medication has been used:	<input type="checkbox"/> Not at all <input type="checkbox"/> On 1-2 days <input type="checkbox"/> On 3-4 days <input type="checkbox"/> On 5-6 days <input type="checkbox"/> Daily
6. Any additional relevant information?	



## RESULTS:

1. Baseline PRN use data collected; re-audit pending
2. Project now rolled out across SAC (2 wards)
3. Barriers:
  - a) Perceived nursing levels/time needed to support use of DBT-informed skills vs. PRN meds.
  - b) staff awareness
4. Some patients too unwell to engage (especially those in Adolescent PICU)
5. Significant interest from nursing team to maintain & grow project.
6. Recent implementation at sister adolescent ward in South of Trust

Frequency of PRN use



INDIVIDUALISED DBT SKILLS PRESCRIPTION & ADMINISTRATION CHART

Chart number (i.e. of 25): \_\_\_\_\_ Chart written by: \_\_\_\_\_  
 Forename: \_\_\_\_\_ Hospital / Site: \_\_\_\_\_  
 Surname: \_\_\_\_\_ Ward: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Consultant: \_\_\_\_\_  
 Date of admission: \_\_\_\_\_ APT used: \_\_\_\_\_  
 NHS No.: \_\_\_\_\_ Name: \_\_\_\_\_ NHS No.: \_\_\_\_\_  
 Ward: \_\_\_\_\_

Request triggers for distress: \_\_\_\_\_  
 Please give as much information as possible

1. Skill Name:	Risk issues reviewed?	Risk assessment required?	Risk assessment completed?
Indication:	Y/N	Y/N	Y/N/Not applicable
Detailed description of technique / skill, including any equipment required (e.g. ice packs), and how / where it should be administered.			
Date:			
Time:			
Initials:			
Date:			
Time:			
Initials:			
Date:			
Time:			
Initials:			
Prescriber's full signature:	Name in CAPS:	Date signed:	

DO NOT USE ANY SKILL REQUIRING A RISK ASSESSMENT THAT HAS NOT BEEN COMPLETED

Sample pages of the Individualised DBT skills Prescription Chart

## CONCLUSIONS:

Project met with enthusiasm & support from MDT and service users. Impact on PRN psychotropic medication use as yet unquantified as still at early stage, with further modifications likely needed as the project evolves. There is a clear need for a significant cultural shift, but with promotion, education, & support, it is increasingly viable, & could change inpatient distress management.



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