

ARE WE FOLLOWING HIGH DOSE ANTIPSYCHOTIC MONITORING POLICY IN LOW SECURE UNIT?

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In Forensic Low Secure Unit, HDAT use is seen more frequently than in General Adult Psychiatry Units given the long term nature and the severity of mental health condition together with high risk profile. Patients on HDAT should be regularly monitored and the responsibility lies within the inpatient team. The Trust policy on HDAT monitoring provides the MDT with guidance on how to safely prescribe HDAT. The audit will demonstrate if this protocol is being followed on a low secure unit.



AUDIT

Step 1:

To monitor the compliance with the Trust HDAT monitoring policy

To improve the clear documentation (especially the justification why HDAT is needed)

Step 2: Collect the data from current patients on HDAT in low secure unit and check the compliance with the policy

Step 3: Results obtained

2 out of 10 patients were on HDAT in low secure unit on 27/10/2021

- The data was audited against 11 checklists from the monitoring policy
- 100% compliance in 7 out of 11 checklists
- 50% compliance in 4 out of 11 checklists

Step 4:

Introducing the recommendation for areas of development

To implement the HDAT monitoring form which can be attached to the medication chart as a visual reminder including physical health parameters and the justification why HDAT is initiated and when it was started

Presenting audit to the low secure unit MDT members



The aim is to improve the compliance to 100% in all checklists from the policy. The second cycle will be re-audited in a year after implementing HDAT monitoring form.

After the second audit, the ultimate goal is to present the outcome in Clinical Governance meeting to implement trust wide quality project

CONCLUSION

It is primarily the responsibility of the prescriber to recognise when HDAT is a possibility, to consider the appropriateness of this treatment and then to initiate adherence to this policy.

It is the responsibility of all clinical staff concerned with the individual's care to be vigilant to the possibility of HDAT.