

Reducing the Use of Oral Psychotropic PRN Medication in Acute Mental Health Inpatients

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Project Aim

To reduce the use of oral psychotropic PRN medication on Ward 3 AMHIC (Acute Mental Health Inpatient Centre) by 20% by May 2020.

Background

The use of psychotropic “PRN” (“*pro re nata*” or “*as required*”) medication in the acute psychiatric inpatient setting has a clear role in relieving acute distress and agitation. There are, however, a number of potential adverse consequences of this medication, particularly with frequent or long term use.

On Ward 3, AMHIC, we noted these issues to include:

- Over-use and dependence
- Side effects
- Escalation of aggression

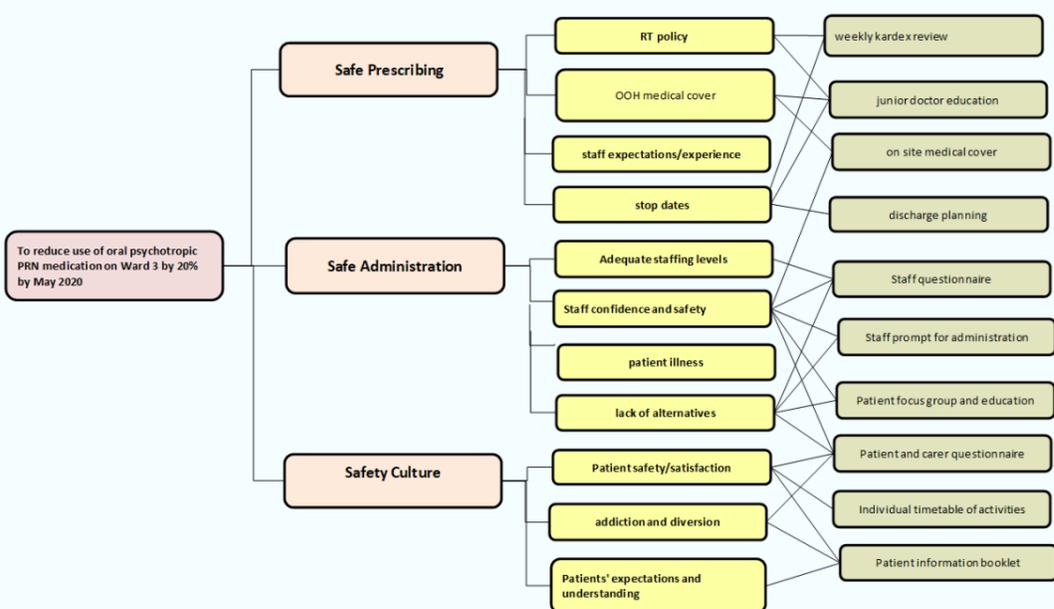
Following the success of our colleagues in the Child and Adolescent Mental Health Inpatient Service, we decided to embark on a project to reduce the use of psychotropic PRN medication on our ward.

Methods

We gathered a small multidisciplinary project team to set about addressing this problem.

First, we collected baseline data on the use of oral psychotropic PRN medication over a 12 week period and brainstormed potential contributory factors to its over-use.

We then displayed these visually as a driver diagram, with 3 primary drivers: 1) Safe prescribing, 2) Safe administration, 3) Safety culture, (see below)



We agreed on the following measures:

- **Outcome:** Number of doses of oral psychotropic PRN medication administered per week
- **Balancing :** 1) Violent incidents 2) IM administrations of psychotropic medication.
- **Process:** 1) Time taken to complete interventions 2) Patient and staff satisfaction

We then selected and implemented two key interventions, using Plan-Do-Study- Act methodology:

- 1) Weekly review of PRN prescribing (commenced 03/02/20);
- 2) Nursing administration sheet (commenced 24/02/20).

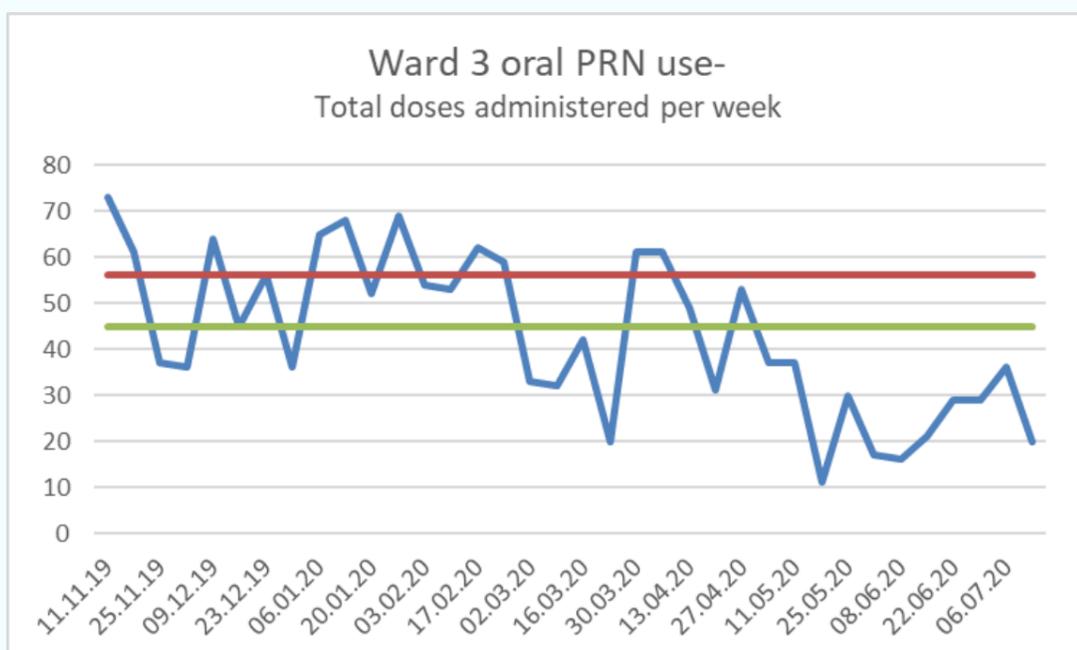
Results

By the end of May 2020, we had exceeded our initial goal and reduced the weekly median number of doses of oral psychotropic PRN medication administered by over 30%. Our balancing measures remained stable and we received positive feedback from our staff survey.

Conclusions and next steps

Following the recent changeover, new team members have been recruited to take the project forward.

We hope to build on the progress already made by continuing the two interventions above, as well as planning additional interventions, such as patient education and introduction of “calm cards” over the coming months.



Key:

Red line = original median (average 56 doses per week);
Green line = initial goal (average of 45 doses per week).