

Introduction

Antipsychotics are a group of medications with high use in Acute Care Units both as acute management and long-term treatment.

Due to the adverse effects of antipsychotics, close monitoring of weight, cardiovascular and metabolic indicators is mandatory to ensure patient safety.

Aims and objectives

The aims of this audit were to evaluate the physical health monitoring of patients initiated on antipsychotic medication in Psychiatric Intensive Care Unit (PICU), St Patrick's Mental Health Services and ensure its adherence to the standards of practice from national and internal guidelines.

Gold standard

- NICE guidelines on "Psychosis and schizophrenia in adults: prevention and management" [Feb 2014]
- St Patrick's Mental Health Services Policy "Prescribing and Monitoring of Antipsychotic Medication, including High Dose Antipsychotic Therapy"
- The Maudsley Prescribing Guidelines in Psychiatry 13th Edition

Methodology

The sample population for this audit included all inpatients who had been admitted to PICU, St Patrick's Mental Health Services, and were initiated or restarted on antipsychotic treatment.

Exclusion criteria included: antipsychotic not prescribed regularly but only used as once only/PRN/rapid tranquilization and patients on Clozapine or high-dose antipsychotic treatment because of different monitoring requirements in these circumstances.

For the first audit cycle retrospective and concurrent review of electronic medical records was completed for patients admitted to PICU over a period of 3 months, January to March 2019. 29 service users met the inclusion criteria. Data were collected regarding physical health monitoring and compared with the pre-determined standards of practice. Results were reviewed, discussed and interventions agreed upon.

Multiple interventions were implemented, aimed at improving the practice:

- Educational sessions with MDT members;
- E-mail reminders to Consultants and Registrars;
- PICU Nursing checklist;
- Recommendations to Clinical Governance Committee in regard to electronic physical health care plan;
- Reviewing and simplifying internal policy.

Second audit cycle included seven month period from December 2019 to June 2020 and 25 service users met the inclusion criteria.

Results

Compliance with the audited parameters is demonstrated in the Figures 1 and 2 below.

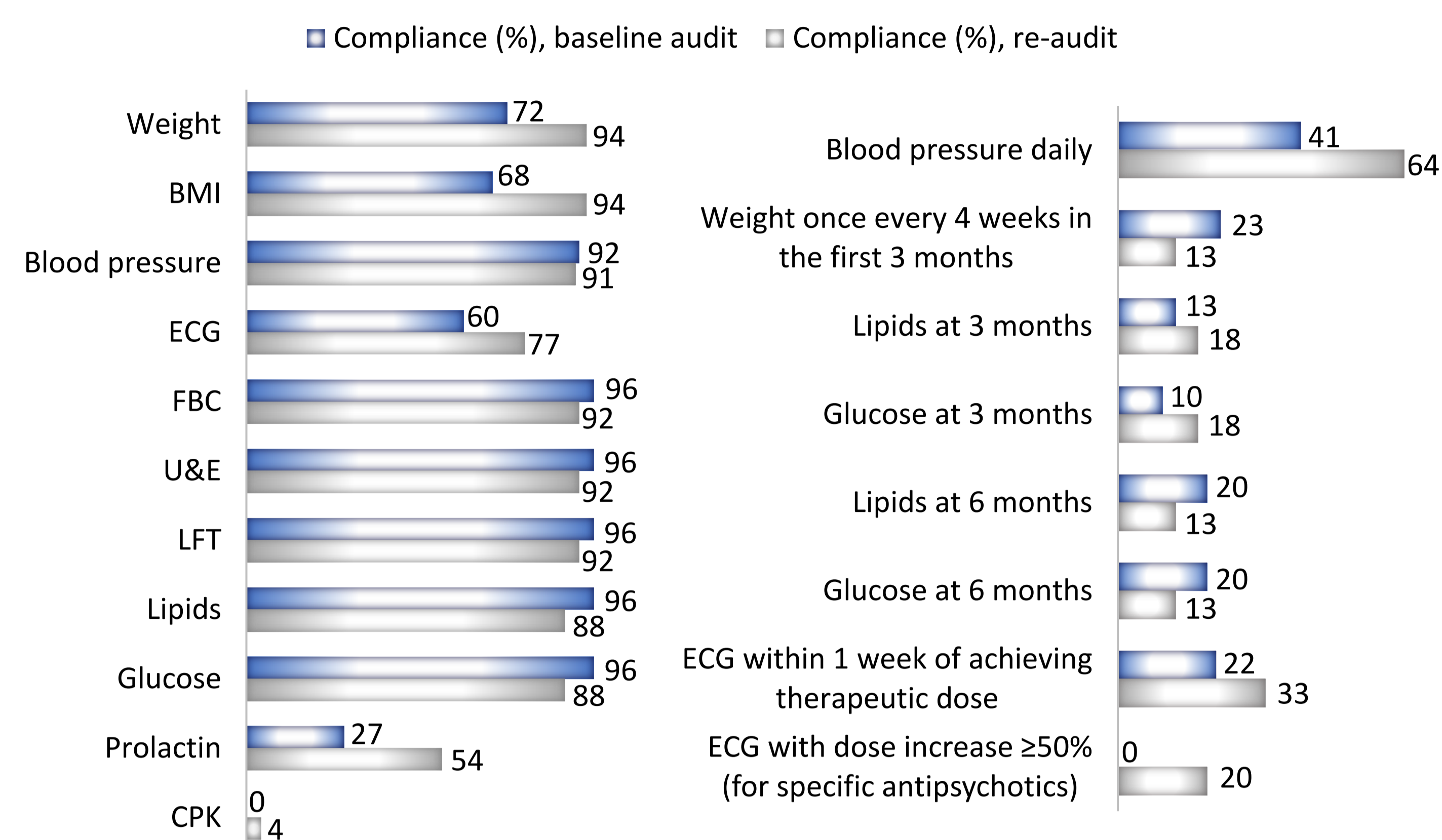


Figure 1. Baseline monitoring

Figure 2. Ongoing monitoring

Baseline creatine phosphokinase (CPK) level was added in the audit as it was recommended by one of the guidelines, but it is not mandatory in accordance with the local policy.

Data about 3 and 6 monthly monitoring were collected either from blood tests (if service user was still an inpatient at that stage) or from the presence/absence of recommendations for further monitoring in discharge summaries.

Conclusion

The adherence with performing most baseline blood tests was high in both audit cycles which is likely aided by their inclusion in admission blood panel. During the 2nd audit cycle there was improvement in baseline weight, BMI and ECG monitoring but slight reduction in baseline blood pressure monitoring.

Significant shortcomings were identified in relation to ongoing monitoring, with compliance varying between 10-41% at the 1st audit cycle. Following multiple interventions aimed to improve this, some parameters slightly improved in the 2nd audit cycle, with the exception of weight monitoring, as well as lipids and glucose at 6 months.

In this service there is a designated Consultant and team for PICU separate from lower care setting wards – this can lead to changes in treating teams during inpatient stay thus interfering with continuity of care. Difficulty keeping track of these standards may also be precipitated due to busy clinical setting.

This audit demonstrates the need for repeated education sessions to all clinical staff and introducing regular reminders in clinical practice. We also propose to incorporate a pre-populated electronic care plan for antipsychotic monitoring which would act as a reminder for clinical staff to monitor physical parameters, ensure appropriate communication to GP and encourage collaboration with service user to engage in their own physical health monitoring.