

Best practice points for the prescribing, administration and recording of
as required psychotropic drugs

Psychotropic drugs are frequently prescribed on an 'as required' basis when patients are admitted to mental health wards. They are intended to be available for nursing staff to administer at their discretion to patients as part of the management of acute psychiatric symptoms e.g. agitation, anxiety and distress. Local and national audits have identified on many occasions that these drugs are often prescribed without appropriate care, administered unnecessarily and the details surrounding their use is often inadequately documented. There is often lack of review leading to almost open ended prescriptions.

This document describes best practices points to support the best use of this valuable intervention and provides context for the use of the SPSP MH as required bundle.

Prescribing

1. Where possible as required psychotropic drugs should not be prescribed routinely on admission.
2. Ideally the need for acute as required medication must be individually assessed and if deemed appropriate once only doses should be prescribed initially. In areas with limited medical support especially out of hours it may be appropriate to prescribe as required psychotropic drugs on admission if there is a high likelihood the patient will require them.
3. If once only doses are used then the need for a routine as required prescription should be considered.
4. If routine as required psychotropic drugs are prescribed the individual dose, route of administration, frequency of administration and maximum dose to be given in any 24 hour period must be clearly expressed on HEPMA. Maximum dose in 24 hours should be added as a PRN note at the time of prescribing (see screenshot below).
5. With the exception of clozapine, the patient's regular antipsychotic may be an appropriate choice for as required use.
6. Do not prescribe as required antipsychotics to antipsychotic naive patients. Prescribing benzodiazepines is preferable until the clinical situation becomes clear.
7. The indication should be expressed as clearly as possible i.e. try and avoid simply stating 'agitation'. This should be added as a PRN note at the time of prescribing (see screenshot below)
8. An appropriate entry should be made in the medical notes detailing the reason for the prescription and providing a context for the indication expressed.
9. For patients detained under the terms of the Mental Health Act an appropriate entry may be required on any T2/T3 form.
10. The need for an on-going as required psychotropic prescription should be reviewed frequently. If it has not been administered for more than 4 weeks discontinuation is recommended.
11. If haloperidol is to be prescribed consider potentially contra-indicated interactions, the patient's cardiac status and if practical do an ECG to exclude prolonged QTc before prescribing.
12. If prescribing any antipsychotic as required be aware to the potential of inadvertent high dose in combination with any regular antipsychotic prescription.
13. For in-patients, the use of all as required psychotropics should be reviewed at each MDT and an individualised as required care plan developed.

PRN Order

Start on * 03-Mar-2023 10:27 First Administration

Days of treatment

Doses of treatment

Stop on dd-MMM-yyyy Last Administration

PRN notes maximum dose 4mg/24 hour

PRN notes Severe agitation

Administration

14. Nurses should only administer as required psychotropic drugs for the prescribed indication and then only if non-pharmacological approaches have failed or are inappropriate.
15. If a patient is prescribed more than one as required psychotropic drug for the **same** indication, avoid administering combinations if possible and always allow sufficient time for one drug to take effect e.g. 30-60 minutes before administering a second drug.
16. If patient is prescribed more than one as required psychotropic drug for **different** indications then consideration needs to be given as to whether it is clinically appropriate for both to be given at the same time. For example, if a patient is prescribed diazepam for anxiety and zopiclone for insomnia, if the diazepam is administered close to bedtime then it should provide sufficient sedation and hypnotic may not be required.

Recording

17. All details pertaining to each administration should be recorded in the patient's case record i.e. the chronological account of care on the in-patient EMIS record. The details recorded must include;

Date & time given

Reason for administration

Details of non-pharmacological approaches attempted

Drug & dose given

Details of response including any side effects noted

For intramuscular doses, the details of any physical health monitoring undertaken (pulse, blood pressure, respiration, level of consciousness).

A template within EMIS has been developed to support this. All use of as required psychotropic drugs should be recorded on this EMIS template.

18. Feedback on cumulative as required psychotropic use will be included in the discussion of each patient at each multi-disciplinary team meeting. This will facilitate appropriate review of the

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NHS Greater Glasgow & Clyde
Mental Health Services

treatment plan.

Prescribing Management Group – Mental Health

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