2-733 Monitoring Trends in Psychotropic Use

TIPS Question:

I work as a full time RPN on a Special Care (secure) Unit. Recently our unit had a large turnover of staff causing many new staff unfamiliar with Special Care residents (and their needs) to attain rotations on our Unit. Since this turnover of new staff PRN Medications have increased by 200%; a group of 9 residents received a total of 85 prn medications for the period of Jan\Feb 2003, and following the turnover that number has risen to 266 prn medications for the same 9 residents Mar\Apr 2003. 75% of the PRN medications are not comfort\pain related. Can you offer any advice as to how we collectively on our Unit can reduce this drastic increase, especially since the meds being dispensed are not decreasing the behaviors the staff are dispensing them for. Training all our staff in the P.I.E.C.E.S. program is not a viable solution. Any communication re: this matter would be greatly appreciated.

Response:

I congratulate you for monitoring the use of psychotropics on your unit since the changes in the staffing pattern. This is not uncommon where new staff arrive in a unit and the unfamiliarity for both the patients and the new staff require signif´cant adjustment.

Specific Issues:

Prn's:

In general it is best to use prn's only in a minority of clinical situations. They are, at times, useful as a short-term measure until a definitive treatment plan is developed or initially, along with regular medications to assist in finding the right dose for a specific medication such as an antipsychotic.

Approach to Unit Problems:

I suggest initially to share this information with the medical physicians and staff and to have a team meeting to take a look at your data and to identify the possible causes. It may involve more than just the new staff and may be associated with other changes with which you may be able to intervene. Additionally, it may be useful to solicit the help of an outside consultant to sit down and work through possible protocols and approaches for uses of prn within the LTC facility. I would suggest that the psychogeriatric resource consultant (PRC) or outreach services may be a good partner to engage in this particular process.

You indicated that P.I.E.C.E.S. training is not a viable option for everyone. Clearly, the role of the in-house resource person is to gradually and incrementally (and it takes time) to begin to make some changes in the system using the frameworks and education. This is a great opportunity that you have identified to start the process of on-demand, highly relevant focus for teaching. I suggest that through a case conference format using the frameworks you can begin the coaching process so that the P.I.E.C.E.S. training will be effective in your particular facility.

Finally, I would suggest that you might, with your partners in the facility, think about the U-First! program. This will provide a mechanism for individuals within your organization to be provided with this training that then could be brought back to the unit itself in terms of education with the front-line workers.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*