Is There A Correlation Between Boarded Patients and As Required Medication Usage On A Neuropsychiatric Ward? A Naturalistic Analysis- Brodie Ward RCH

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Introduction

Patients who are currently admitted to the Neuropsychiatric unit at the Royal Cornhill Hospital suffer from severe neurological pathology's that can be due to genetic, medical, iatrogenic, or social causes. The resultant psychiatric symptoms manifest as challenging behaviours that is not yet suitable to be managed in the community.

These patients require extensive input by way of occupational therapy, speech and language therapy, as well as psychology. Paramount to facilitating this, as well as ongoing care for these patients on the ward, is specialised nursing care and medical interventions. Since the arrival of borders it can be argued that a lot of necessary attention through nursing care has been compromised as care needs do not necessarily fall within the focused care provided by staff.

This may potentially monopolise care away from existing neuropsychiatric patients on the ward. The disruption in routine of these existing patients can lead to a domino effect where medical intervention by way of rapid tranquillisation is used to manage resultant agitation and aggressive behaviours.

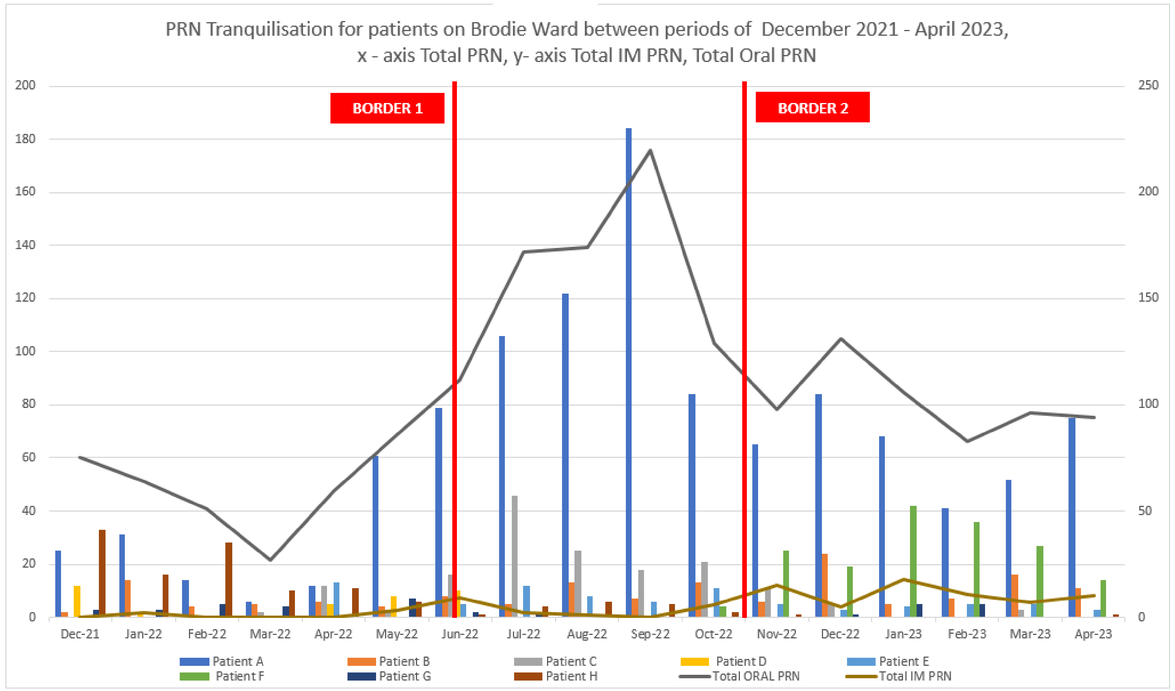
Aim

Does the presence of borders increase agitation and aggression of the existing neuropsychiatric patients on Brodie Ward?

Method

By examining the as required medication section of the prescription charts between the periods of December 2021 - April 2023 that were available on c-cube, and looking at the medication that was specifically prescribed and used for the use of rapid tranquillisation. 8 neuropsychiatric patients prescription charts were examined during this period, their names were anonymised and labelled as Patients A through to H.

Results



Discussion

At present in the ward the amount of tranquillisation for each patient could be explained by the progressing pathologies that each patient has, with fluctuations in existing mental state which may be further complicated by pain, infections, constipation and various presentations of psychosis. The modification of drugs during this period would also explain the varying trend that is observed.

Patient A represents majority of the data, given the complexities in presentation and how the traditional response of evidence based medicine continues to fail to produce the outcome expected. And where an outcome is achieved, subsequently exhibits complications from such management.

However, the data gathered at present when looked at individually would represent a rather sporadic distribution with varying trends that would represent progression of illness with complications as described in the initial discussion.

The use of rapid tranquillisation to manage agitation is deemed as a last resort when non pharmacological approaches has been exhausted, in keeping with the least restrictive option for patients oral medication is always preferred over IM

The two borders in Brodie ward arrived on the 15/06/2022 and 31/10/2022 respectively.
When collectively examining the data, it is quite coincidental to see how although tranquillisation has been used to manage the manifestations above, the use of IM tranquillisation has increased after the arrival of borders in comparison to before their arrival. This extends to oral tranquillisation as well.

This would indicate an extreme level of agitation that is not responding to oral tranquillisation, and non-pharmacological de-escalation techniques. In essence the two spikes seen in IM tranquillisation (June and November), after their arrival, could represent as a correlation. The increased average tranquillisation by 45.5% 6 months after their arrival, and a 63% increase after the arrival of the first border, may further justify this correlation. However due to the lack of data available during this period these percentages may be smaller.

Given the organic brain injuries, majority of the patients in the neuropsychiatric ward are more susceptible to agitation when complicated by delirium that is driven by above complications. Maintaining a therapeutic environment is essential in such circumstances, and part of that process involves 1:1 nursing and aggressive maintenance of their usual routine.

This is inhibited by borders whose presentation is sometimes more demanding than existing patients and present with behaviours that alter the routine to the extent that the care that existing patients have and need is diverted.

This is made worse when more need is required for complications that develop with the existing inpatients. Subsequently the least restrictive option with staffing that is spread thin, on balance of complications due to behaviour, is rapid tranquillisation.

Conclusion

- There is a correlation between the presence of borders in the Neuropsychiatric ward that has caused an increase need for Rapid Tranquillisation
- The presence of borders could be limiting the behavioural and psychological techniques that need to be considered before the use of rapid tranquillisation
- Complexities of existing organic brain injuries and their complications lead to increase use of rapid tranquillisation.

Recommendation

- To repeat audit when there are no borders on the ward
- To repeat audit in other neuropsychiatric wards which would extend to old age wards that with organic brain pathologies to see if this
- To make comparisons between day time and night tranquillisation
- To look at the number of DATIX generated during this period and compare to the above rapid tranquillisation use