Audit Criteria

| Data collection | |
|---|---|
| Number of regular antipsychotics prescribed | Regular antipsychotics, dose per day<br>(with BNF % maximum) |
| Number of as required antipsychotics prescribed | As required antipsychotics, maximum potential dose per day<br>(with BNF % maximum) |
| Total BNF % maximum (regular + as required) | |

| | Criteria | Standard | Exception |
|---|---|---|---|
| 1 | All patients prescribed HDAT are identified as such on medicine chart | 100% | None |
| 2 | Each patient identified as receiving HDAT has a high dose form with baseline information completed | 100% | None |
| 3 | There is evidence from the HDAT form that monitoring is being completed and is up to date. | 100% | None |

## 2nd tier audit criteria

| | Criteria | Standard | Exception |
|---|---|---|---|
| 1 | Case notes contain ECGs as per HDAT monitoring from past 12 months | 100% | Reason(s) for not performing ECG is documented in notes |
| 2 | Case notes contain blood results as per HDAT monitoring from past 12 months. | 100% | Reason(s) for not obtaining bloods is documented in notes |
| 3 | Evidence of observations (pulse, temp, bp) as per HDAT monitoring form over past 12 months | 100% | Reason(s) for not performing observations is documented in notes |
| 4 | Evidence of rationale for HDAT within notes (if initiation was within 2 years) | 100% | None |
| 5 | Evidence of patient consent (including discussion) in informal patients (if initiation was within 2 years) or compliance with MHA legislation (T2/T3) | 100% | None |
| 6 | If medication is prescribed that is known to prolong the QTc interval, this is referred to on the HDAT form | 100% | No medication known to prolong QTc interval is prescribed |
| 7 | Number of doses of as required medication<br>• in last 2 weeks, in last 4 weeks, in last 8 weeks | | |

## 3rd tier – information gathering

| | |
|---|---|
| Gender of patient | Consultant |
| Age of patient | Grade of prescriber of HDAT |
| Primary Diagnosis | Current length of admission |
| Ward type | Duration of HDAT prescription |
| Location | Additional risk factors<br>Cardiac disease, hepatic impairment, renal impairment, old age, obesity, diuretics, antihypertensives |

# High Dose Antipsychotic Therapy (HDAT) Audit Tool

## Date of collection………………….Data collector ID…………………………………

### Patient identifier/ CHI number…………………………

This high dose antipsychotic therapy (HDAT) audit tool has been designed to monitor adherence to the current HDAT policy, but also to assess the incidence of HDAT prescribing within a designated clinical area. It is therefore advised that initial audit criteria should be collected for all patients prescribed antipsychotic therapy and then data collection continued for all those designated as 'high-dose.' Thus, providing data on both incidence of HDAT prescribing and adherence to current policy.

The audit tool has been subdivided into 3 sections:
initial (1st tier) audit criteria set for the most basic and easiest to collect HDAT audit
2nd tier audit criteria set for a more comprehensive HDAT audit and
3rd tier criteria set which is an information gathering exercise around HDAT prescribing

### Initial (1st tier) audit criteria

**Number of regular antipsychotics prescribed:**

1 Δ    2 Δ    3 Δ    >3 Δ

**Number of as required antipsychotics prescribed:**

1 Δ    2 Δ    3 Δ    >3 Δ

**Regular antipsychotic(s), dose per day and % BNF maximum:**

| Medicine | Daily dose | % BNF maximum | Total % BNF maximum (regular) ($\alpha$) |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**As required antipsychotic(s), maximum potential dose per day and % BNF maximum:**

| Medicine | Maximum daily dose | % BNF maximum | Total % BNF maximum (as required) ($\beta$) |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Total % BNF maximum = regular % ($\alpha$)  + as required % ($\beta$)**

**= …………………………....**

### *For all patients identified as high dose (>100% BNF maximum), continue with standards A1- A3 , B1-7 and information gathering*

**Standard A1:**
All patients prescribed HDAT are identified with a HDAT sticker.

Yes Δ          No Δ

**Standard A2:**
Each patient identified as receiving HDAT has a high dose form with baseline information completed.

Yes Δ          No Δ

**Standard A3:**
There is evidence from the HDAT form that monitoring is being completed and is up to date.

Yes Δ          No Δ

# 2nd tier audit criteria

**Standard B1:**

Case notes contain ECGs and evidence of any appropriate action as per HDAT monitoring form over past 12 months.

Yes △          No △

**Standard B2:**

Case notes contain blood results and evidence of any appropriate action as per HDAT monitoring form over past 12 months.

Yes △          No △

**Standard B3:**

There is evidence of observations (pulse, temp, bp) as per HDAT monitoring form over past 12 months.

Yes △          No △

**Standard B4:**

There is evidence of rationale for HDAT within case notes (if initiation was within past 2 years)

Yes △          No △

**Standard B5:**

There is evidence of patient consent (including discussion with patient) in informal patients (if initiation was within past 2 years) or compliance with MHA legislation (i.e. HDAT is mentioned on T2 or T3 form)

Informal △      T2 △      T3△                          Yes△      No △

**Standard B6:**

If medication is prescribed that is known to prolong the QTc interval, this is referred to on the HDAT monitoring form.

Yes △          No △      N/A △

**Standard B7:**

The number of doses of as required antipsychotics given in last **2 weeks**

0 △     1 △     2 △     3 △     4 △     5 △     6△     7 △     8 △     9 △     10 △

Specify for > 10………………..

The number of doses of as required antipsychotics given in last **4 weeks**

0 △     1 △     2 △     3 △     4 △     5 △     6△     7 △     8 △     9 △     10 △

Specify for > 10………………..

The number of doses of as required antipsychotics given in last **8 weeks**

0 △     1 △     2 △     3 △     4 △     5 △     6△     7 △     8 △     9 △     10 △

Specify for > 10………………..

# 3rd tier criteria – information gathering

**Gender of patient:**
M Δ          F Δ

**Age of patient:**
<20 Δ        21-30 Δ        31-40 Δ        41-50 Δ        51-60 Δ        61-70 Δ        >70 Δ

**Primary Diagnosis:**
Treatment resistant schizophrenia Δ                        Bipolar disorder  Δ

Other ……………………..

**Ward type:**
Acute adult Δ          IPCU Δ          Continuing care Δ          Rehab Δ

Forensic Δ          Elderly Δ          Adolescent Δ                    Other…………………..

**Location:**
………………………………………………

**Consultant:**
………………………………………………

**Grade of prescriber of HDAT:**
Consultant Δ          ST4-6 Δ          Staff Grade Δ          ST1-3 Δ          FY2Δ          Other…………

**Current length of admission:**
<2 weeks Δ          2-4 weeks Δ          1-3 months Δ          3-6 months Δ

6-12 months Δ          >12 monthsΔ          (specify for >12 months………………..)

**Duration of HDAT prescription:**
<2 weeks Δ          2-4 weeks Δ          1-3 months Δ          3-6 months Δ

6-12 months Δ          >12 monthsΔ          (specify for >12 months………………..)

**Additional risk factors:**

| | Yes | No |
|---|---|---|
| Cardiac disease | | |
| Hepatic impairment | Δ | Δ |
| Renal impairment | Δ | Δ |
| Old age | Δ | Δ |
| Obesity | Δ | Δ |
| Diuretics | Δ | Δ |
| Antihypertensives | Δ | Δ |
| Other risk factors | | |

…………………………………………………………………...