Aim
Inconsistency in prescribing practices was identified as a potential area of risk for individuals undergoing inpatient detoxification in ward 1E Crosshouse Hospital (an acute adult mental health admission ward with designated beds for elective detoxification).

There is an ongoing lack of designated junior medical cover.

Issues identified included:

- Differing chlordiazepoxide reducing regimes initiated depending on duty prescriber without clear rationale for variation.
- “As required” chlordiazepoxide doses not reflecting regular dose reductions.
- Oral thiamine being omitted on initial prescription.
- Inappropriate initiation of psychotropics including hypnotics during detoxification.
- Desire to increase appropriate access to intravenous pabrinex.
- Desire to reduce the likelihood of prolonged admission due to chlordiazepoxide dosage not being reduced at the recommended rate.

Methods
Prescriptions for 40 individuals who completed detoxification before and after introduction of the following changes were reviewed.

- The electronic prescribing system chlordiazepoxide chart was updated to facilitate one complete standard prescription at admission.
- A weekly clinical inpatient review between pharmacist non-medical prescriber, consultant psychiatrist, and Mental Health Advanced Nurse Practitioner (MHANP) was introduced.
- Daytime MHANP involvement with detoxification was increased to improve continuity of care and support increased MHANP confidence managing detoxification out-of-hours.
- Duty junior doctors were provided with written detoxification prescribing guidance.
- Pre-admission multidisciplinary meetings were simultaneously introduced for individuals with the most complex needs to facilitate improved care planning.

New Chlordiazepoxide Chart on Electronic Prescribing System

Results

Figure 1  Chlordiazepoxide Prescribing

Figure 2  Thiamine, Pabrinex & Night Sedation Prescribing

Figure 3  Duration of Admission

Figure 4  Prescribers Involved in Reviewing Chlordiazepoxide as required

Conclusions
Changes implemented improved consistency of prescribing, adherence to recommended prescribing regimes, access to intravenous pabrinex, and reduced incidence of inappropriate prescribing and unnecessarily prolonged admissions.

Although the number of chlordiazepoxide “as required” reviews improved as a result of interventions, further improvement would be desirable. A proposal has been put forward for dedicated ANP cover for these beds which would allow progress in this regard.

A larger evaluation is ongoing to assess longer term person-centred outcomes following detoxification.