

# Antipsychotic Pre Printed Orders: Frequently Asked Questions

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## Staff and Physicians

### **Q. Why PPOs for Antipsychotic medication?**

**A.** 68% of residents in facilities have dementia<sup>1</sup> and 78-90% of residents with dementia have Behavioral and Psychological Symptoms of Dementia BPSD<sup>2</sup>. Antipsychotics are used to treat psychosis and are also frequently used to treat specific BPSD including aggression.

- In BC Residential Care, antipsychotic use *without a diagnosis of psychosis* is around 32.9%<sup>3,4</sup>;
- In Interior Health, antipsychotic use *without a diagnosis of psychosis* is around 33%. Within IH aggressive behavior is seen in around 10.90% of residents.<sup>5</sup>

The side effects of antipsychotics on the frail elderly can be devastating to their health and quality of life e.g. sedation, orthostatic hypotension, falls and hip fractures, cardiac complications, weight gain, neuroleptic malignant syndrome, and increased cognitive decline.<sup>6</sup> With that in mind, IH has developed Pre Printed Orders (PPOs) to ensure antipsychotic medications will be used safely and appropriately for our residents who have BPSD.

The PPO will be used by the physician as a guide to initiate, titrate, and taper medication to gradually increase or reduce the dose until the person reaches optimal dosing, or is asymptomatic. The goal is to discontinue the antipsychotic medication where possible.

### **Q. What are BPSD?**

**A.** BPSD is Behavioral and Psychological Symptoms of Dementia. Target symptoms for antipsychotics include:

- physical and verbal aggression
- psychotic symptoms such as hallucinations and/or delusions occurring with dementia
- other behaviours such as sexually inappropriate behaviour

### **Q. Are antipsychotics appropriate for all behaviors seen in residential care?**

**A.** No there are some behaviors with BPSD where antipsychotics are not recommended:

- wandering, hiding and hoarding, repetitive activity, vocally disruptive behavior; inappropriate dressing or undressing, tugging at seatbelts, inappropriate voiding, eating inedible objects and pushing wheelchair bound residents
- caution with use of antipsychotics in residents who have Lewy Body or Parkinson's. Dementia.

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<sup>1</sup> Ministry of Health BC, December 2011. A Review of the Use of Antipsychotic Drugs in British Columbia Residential Care Facilities

2. JANZ, Dr. T, (2011). *Managing Antipsychotic User in Residential Care* Information and Decision Brie

3. 4. 5. Canadian Institute for Health Information. (2008). *interRai Clinical Assessment Protocols (CAPs) For use With interRAI's Community and Long-Term Care Assessment Instruments*. Ottawa:

6. Hagan, B. Armstrong, Chris, Ikuta, Roland, Williams, Robert, Le Navenec Carole-Lynne, Aho, Morgan. (2005). *Antipsychotic drug use in Canadian long-term care facilities: prevalence, and patterns following resident relocation.* International Psychogeriatrics

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**Q. What will the PPOs be used for?**

A. They will be used for target symptoms of BPSD in residential care only. The PPOs *will not* be used for other mental health diagnoses such as mood disorders, major psychotic disorders, bipolar disorder, or delirium.

**Q. What types of Pre Printed Orders (PPOs) will be used?**

A. There are three PPOs

- Initiation #829316 to be used only for people newly starting on antipsychotic medication
- Titration #829317 to be used for dosage review within one to two weeks after initiation AND when newly admitted residents on antipsychotic medication are clinically reviewed
- Tapering #829318 to be used when BPSD have been stable for at least three months and dose reduction is warranted, or when side effects of the current antipsychotic is seen.

**Q. Where will these forms be used?**

A. The forms will only be used in residential care facilities within Interior Health.

**Q. When will these forms be used?**

A. They will be used for residents who have specific Behavioral and Psychological Symptoms of Dementia e.g. physical and verbal aggression and psychotic symptoms.

1. The initiation form will be used:

- for a resident with BPSD who has behaviors that have not responded to nonpharmacological interventions AND/OR
- where behavior is dangerous, distressing, disturbing, damaging to social relationships and persistent
  - Typically this behavior would include physical aggression, verbal aggression, psychotic symptoms and other types of behavior such as being sexually inappropriate
- emergency telephone orders will be accepted without a PPO but a PPO must be completed within three days.

2. The Review/Titration form will be used:

- to review the effectiveness/side effects of medications no more than two weeks after initiation or dose change
- for any person admitted to a facility already on antipsychotic medication for BPSD. This situation will require admission orders for the antipsychotic without a PPO, but the medication should be reviewed and Titration/Review form must be completed within one and no more than two weeks after admission
- with any review and adjustment of dose (increase or decrease)
- 3. The tapering form will be used when the resident's behavior has been stable for three to six months. The goal is to adjust the dosage to the lowest effective level and discontinue if possible.

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### **Q. Where will the forms be found?**

The links will be added when available.

A.

| Site   | Pathway                            |
|--|------------------------------------|
| Type numbers in search box on inside net.        | Initiation #829316                 |
| OR   | Titration/Review #829317           |
| Click on the number                              | Tapering #829318                   |
| Royal Printers                                   | Order 1 pack of each (usually 100) |
| Residential Team Site                            | Look under PPO                     |
| Interior Health Pre Printed Orders (inside net.) | PPOs (click on PPOs)               |
| Type search words, in search box on inside net.  | antipsychotic PPO, antipsychotics  |

### **Q. Can the physician complete the PPO and fax to the facility?**

A. Yes.

- the nurse will complete the identifiers (addressograph, weight and allergies) and the first three sections of the PPO and send to the physician for the remainder of the form to be completed
- the physician will complete, sign and date then fax back to the facility for processing
- these forms are a record of a careful clinical review and will be part of the resident's record

### **Q. Where will the forms be filed?**

A. PPOs once completed, signed and returned to the facility, are considered to be physician orders. Once the order has been processed and sent to Pharmacy, for dispensing, they will be filed under the physician order tab of the resident's health record.

### **Q. What is the role of the Nurse?**

A. The nurse's role is to:

- follow the IH Clinical Practice Standard for BPSD
- assess, monitor, evaluate, document and communicate, all target symptoms as well as interventions and their outcomes
- communicate with the physician using the SBAR as a guide for BPSD (as per BPSD algorithm [www.bcbpsd.ca](http://www.bcbpsd.ca));
- if target symptoms require an order for antipsychotics the nurse:
  - completes the **first three sections** of the PPOs with the resident identifiers, allergies and weight then faxes to the physician for completion;
- when the completed PPO is received back from the physician the nurse will process, fax to pharmacy for dispensing and file under physician orders in resident health record

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### **Q. What about emergency situations?**

A. The safety of the resident, staff and all of the other residents is a priority, and if the need for further assessment and immediate treatment is required the nurse will communicate with the physician to:

- review the situation using the SBAR for BPSD (as per the BPSD algorithm at [www.bcbpsd.ca](http://www.bcbpsd.ca));
- discuss the best intervention for the situation
- receive a telephone order for antipsychotic medication if needed
- if any of the above occurs then the appropriate PPO should be completed within three days by the most responsible physician (MRP)

### **Q. What are nonpharmacological interventions?**

A. Any type of intervention that is non drug centered. Nonpharmacological interventions will be ongoing and medication will be added if these interventions have been inadequate. The Nurse will use the PIECES framework and use the AGG Toolkit.

### **Q. How often will the behavior be monitored?**

A. Target symptoms will be documented until stable, using either assessment tools or the progress notes:

1. After initiation, the resident's target symptoms will be monitored and documented **daily** and on an ongoing basis as necessary;
2. Effectiveness, the need for titration and side effects will be reviewed after **one but no more than two weeks**;
3. After titration, monitoring will be ongoing and progress will be reviewed **two but no more than four weeks** after dose change; this will include documentation and evaluation for effectiveness and any side effects;
4. Tapering down of medication requires that the BPSD will be monitored daily and reviewed every two to four weeks for any return of symptoms for which antipsychotics were prescribed;
5. The resident will also be evaluated every **three months** for further dose reduction if BPSD are stable. This can be done at the same time as the Inter Rai Quarterly Assessment

### **Q. How will monitoring be done?**

A. PIECES/ABC Framework, AGG Toolkit and the 3 question template will serve as the guide for assessments and interventions. Monitoring and documentation will be done daily using flow sheets, assessment/monitoring tools and the progress notes, until target symptoms are stable and then documentation will follow the care plan.

Other assessment tools are outlined in the BPSD Clinical Practice Standard and include (but not limited to) DOS, Cohen Mansfield, CAM Prisme, PAINAD and the BPSD algorithm.

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**Q. What should documentation record?**

A. Documentation should be used as a communication tool to:

- record an accurate history of the resident's condition
- monitor any increase, decrease, new behavior or change in mood
- record an accurate description of behaviors
- describe any side effects of antipsychotic medication
- inform the care plan, which will include current nonpharmacological interventions and outcomes, behaviors, triggers, and interventions implemented that are effective or ineffective
- identify any emergent medical illness

**Q. Will a new Titration/Review form be completed with each medication review?**

A.....Yes a new form will be required for each review. The tapering form will be used when the medication is being decreased and the aim is to reduce medication slowly until discontinued.

**Q. How often will the medication be reviewed with a view to tapering?**

A. Once the resident's behavior is stable for at least three months but no more than six months an antipsychotic medication review will be done.

- Evaluation will occur **every three months** with the RAI quarterly assessment and if BPSD are stable a tapering trial should be considered

**Q. How will the introduction of the PPO process be implemented?**

A. The aim is to introduce the PPOs over a period of one year and will begin with:

- one to two weeks after admission of residents with BPSD who are taking antipsychotic medication,
- with emergence of a new BPSD
- with each 6 month medication review

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