

# **Delirium clinical care standard indicators: 6a- Evidence of local arrangements to ensure that patients with delirium are not routinely prescribed antipsychotic medicines**

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# Delirium clinical care standard indicators: 6a-Evidence of local arrangements to ensure that patients with delirium are not routinely prescribed antipsychotic medicines

## Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Indicator 6a-Evidence of local arrangements to ensure that patients with delirium are not routinely prescribed antipsychotic medicines
METEOR identifier:	628098
Registration status:	<a href="#">Health</a> , Standard 12/09/2016
Description:	Evidence of local arrangements to ensure that patients with <a href="#">delirium</a> are not routinely prescribed antipsychotic medicines.
Rationale:	Antipsychotic medicines have a number of serious adverse effects for older people and can worsen delirium (Psychotropic Expert Group 2013; National Institute for Health and Clinical Excellence 2010). Reserving antipsychotic medicines for patients who are severely distressed and in whom non-drug strategies are ineffective may help reduce the incidence of adverse drug events (National Institute for Health and Clinical Excellence 2010; Clinical Epidemiology and Health Service Evaluation Unit 2006).
Indicator set:	<a href="#">Clinical care standard indicators: delirium</a> <a href="#">Health</a> , Standard 12/09/2016
Outcome area:	<a href="#">Minimising use of antipsychotic medicines</a> <a href="#">Health</a> , Standard 12/09/2016

## Collection and usage attributes

Computation description:	<p>Documented evidence of local arrangements to ensure that patients with delirium are not prescribed an antipsychotic medicine unless they have significant distress and non-drug strategies are ineffective (National Institute for Health and Clinical Excellence 2010; Clinical Epidemiology and Health Service Evaluation Unit 2006).</p> <p>The local protocol should include a statement that other psychotropic medicines (for example, benzodiazepines) are not an appropriate alternative to an antipsychotic medicine (AMH Aged Care Companion 2014).</p> <p>Unless explicitly stated in the indicator, all patients with delirium are included in both the numerator and the denominator, not only those where <a href="#">Hospital service—care type, code N[N]</a> = 1 Acute care.</p>
Computation:	Yes/No
Comments:	This indicator has been sourced from the <i>Delirium NICE Quality Standard</i> 63 (National Institute for Health and Care Excellence 2014) and the <i>Key principles for care of confused hospitalised older persons</i> (ACI 2014).

## Representational attributes

Representation class:	Count
Data type:	Real
Unit of measure:	Service event
Format:	Yes/No

## Source and reference attributes

**Submitting organisation:** Australian Commission on Safety and Quality in Health Care

**Reference documents:** ACI (Agency for Clinical Innovation) 2014. Key Principles for care of confused hospitalised older persons. Sydney: ACI.

AMH Aged Care Companion 2014. Adelaide: Australian Medicines Handbook Pty Ltd.

Clinical Epidemiology and Health Service Evaluation Unit 2006. Clinical practice guidelines for the management of delirium in older people. Melbourne: Victorian Government Department of Human Services on behalf of AHMAC. Viewed 5 May 2016, [http://docs.health.vic.gov.au/docs/doc/A9F4D074829CD75ACA25785200120044/\\$FILE/delirium-cpg.pdf](http://docs.health.vic.gov.au/docs/doc/A9F4D074829CD75ACA25785200120044/$FILE/delirium-cpg.pdf).

National Institute for Health and Care Excellence 2014. Delirium NICE Quality Standard 63. United Kingdom: NICE.

National Institute for Health and Clinical Excellence 2010. Delirium: diagnosis, prevention and management; Clinical guideline 103. London: NICE.

Psychotropic Expert Group 2013. Therapeutic guidelines: psychotropic version 7. Melbourne: Therapeutic Guidelines Limited, Viewed 5 May 2016, <http://www.tg.org.au/index.php?sectionid=48>.