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

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| 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: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 12/09/2016 |
| Description: | Evidence of local arrangements to ensure that patients with [**delirium**](https://meteor.aihw.gov.au/content/628579)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: | [Clinical care standard indicators: delirium](https://meteor.aihw.gov.au/content/613164)       [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 12/09/2016 |
| Outcome area: | [Minimising use of antipsychotic medicines](https://meteor.aihw.gov.au/content/624408)       [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 12/09/2016 |

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| Collection and usage attributes |
| Computation description: | 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).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).Unless explicitly stated in the indicator, all patients with delirium are included in both the numerator and the denominator, not only those where [Hospital service—care type, code N[N]](https://meteor.aihw.gov.au/content/584408) = 1 Acute care. |
| Computation: | Yes/No |
| Comments: | This indicator has been sourced from the *Delirium NICE Quality Standard 63*(National Institute for Health and Care Excellence 2014) and the *Key principles for care of confused hospitalised older persons*(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/%24FILE/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>. |