

# Anticipatory Syringe Driver Prescribing on the Inpatient Unit : An Audit

## Background

The Gosport Independent Panel Report(1) in 2018 increased awareness about the prescribing and delivery of opioids, leading to a culture of increased governance and audit around anticipatory (PRN) prescribing.

While NICE considers prescribing “just in case” medications for dying patients best practice, guidance and clarity on anticipatory syringe driver prescribing(2) is lacking.

## Method

Retrospective audit of all admissions to the IPU from January to March 2020. Drug charts and documentation were scrutinised to establish whether a PRN SD was prescribed, whether an indication and instructions on when to start was documented, and whether it was started for an appropriate reason.

## Existing Standards

When prescribing anticipatory SDs:

- Appropriate doses of drugs prescribed (100%)
- Appropriate indications for drugs documented (100%)
- Instructions when to start are documented (100%)

## Recommendations

An addition to the existing audit standards was recommended:

Appropriate reason for starting the SD, clearly documented (100%)

For future audit, recording whether the SD was commenced out of hours will help determine the value of PRN SDs in this IPU

When prescribing PRN medications in an existing SD, indications and instructions must be documented to clarify their intended use.

PRN SD prescribing is now in the induction schedule for rotating doctors

## Results

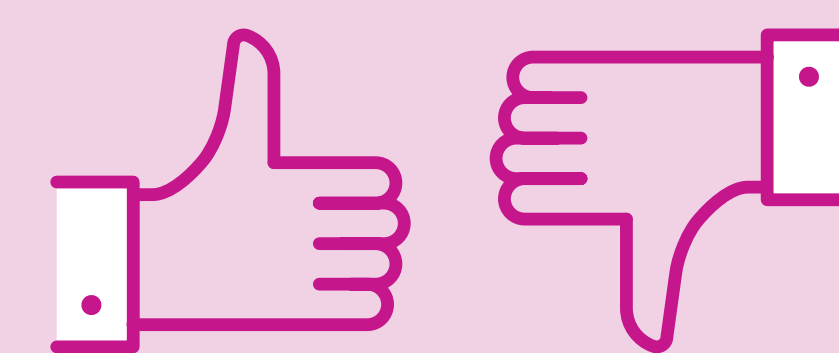
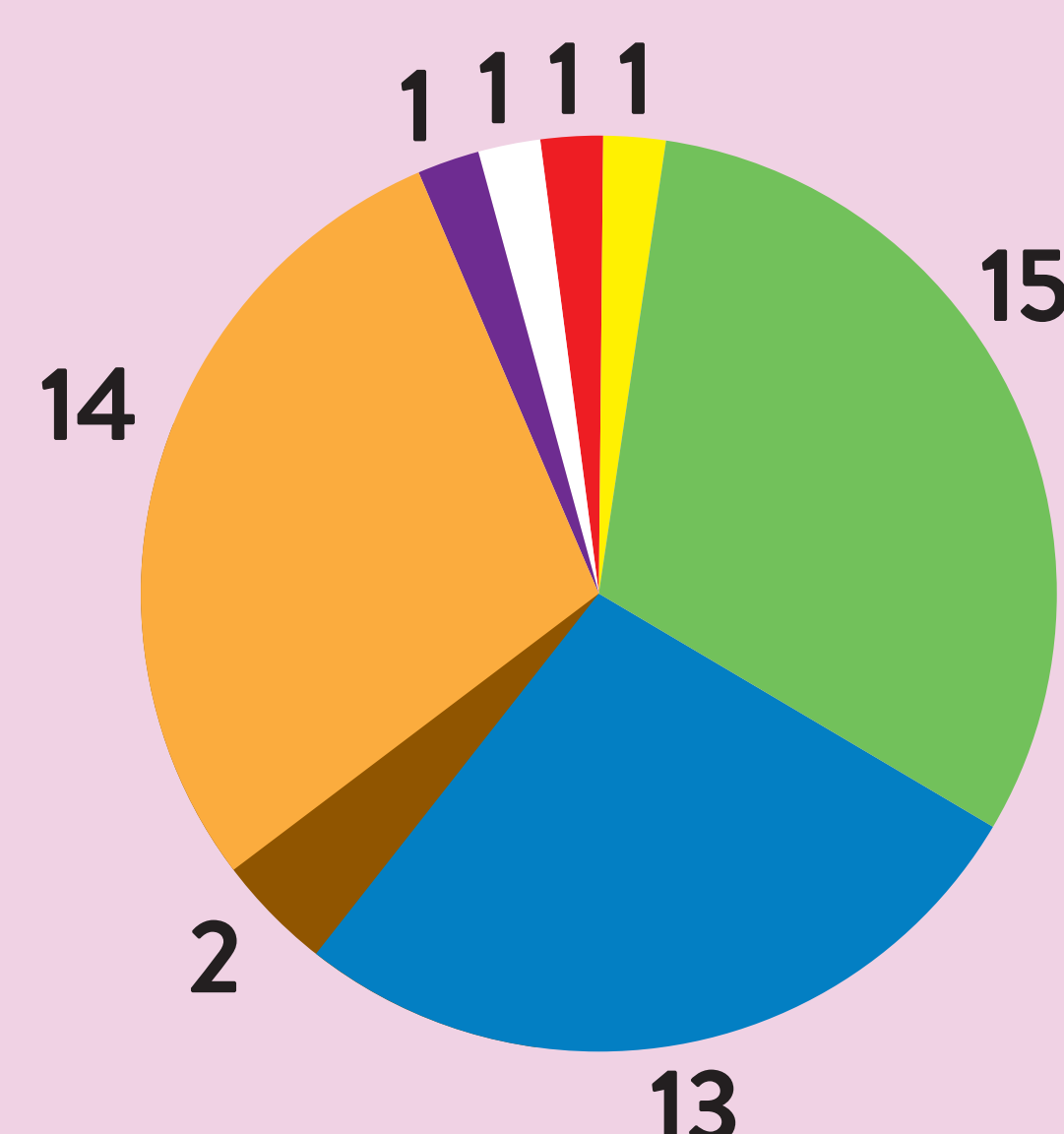
101 admissions to IPU, a total 72 SDs prescribed, 28 (39%) were PRN

Existing Standards	n	%
Appropriate Dose	28	100%
Indication documented	3	11%
Instruction documented	11	39%

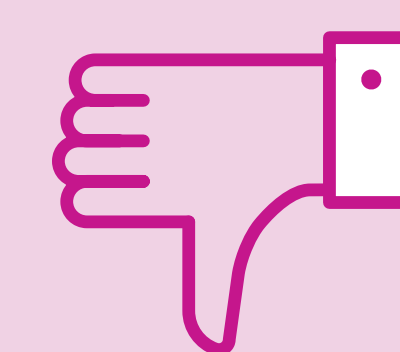
Instructions Documented	n
If loses swallow	7
If stat useful	1
If multiple PRNs used	2
If in pain	1
If indigestion	1
If needed	2
Nil instructions	14

### Drugs written up as PRNs in driver

- Metoclopramide
- Midazolam
- Hysocine Butylbromide
- Oxycodone
- Morphine
- Alfentanil
- Ranitidine
- Levomopromazine



Indication for a PRN medication was more likely to be documented if it was a less familiar drug, i.e. Alfentanil, Rantidine or Metoclopramide



7/28 PRN SD prescriptions (25%) were made alongside a drug that was currently being administered via the same SD. None of these PRN prescriptions had instructions documented



12/28 PRN SD were commenced (43%)

12/12 were appropriately used (100%)

4/12 were commenced by nurses (33%)

3/12 commenced OOH (25%)

100% SDs commenced OOH were nurse led and had 100% compliance with the standards