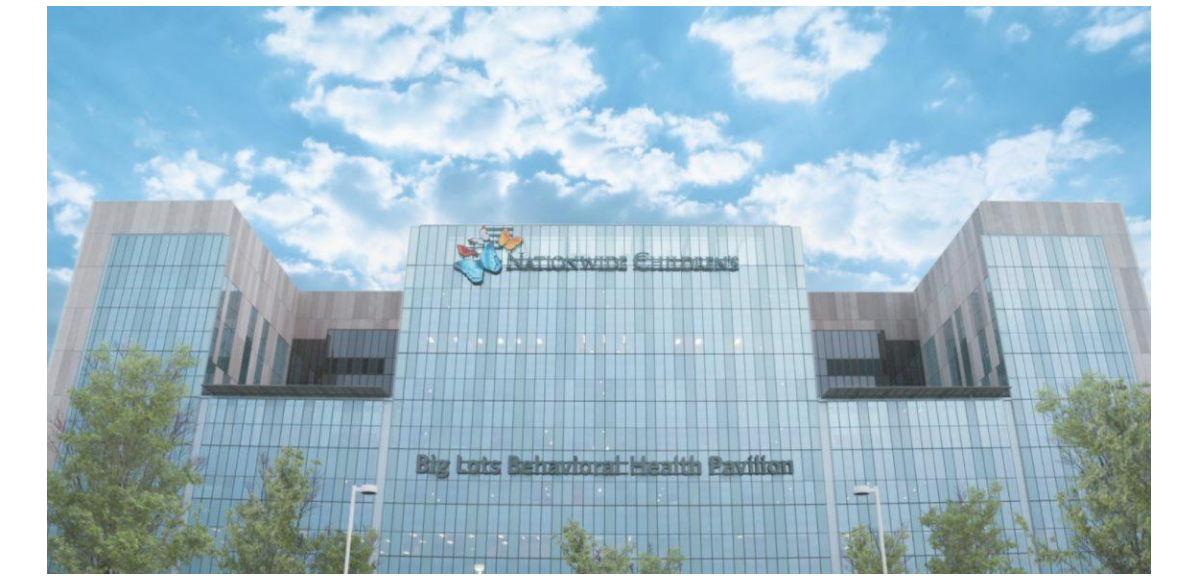


Assessing & Caring for Patients on Antipsychotic Medications

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Clinical Inquiry

- ❑ Nurses do not intervene with side effects, instead notify provider
- ❑ Adverse events mistaken for side effects; providers not notified
- ❑ Inconsistent scoring with the *Bush Francis Catatonia Rating Scale (BFCRS)* and *Abnormal Involuntary Movement Scale (AIMS)*

How do we improve the confidence and competence of bedside nurses in the care of patients taking antipsychotic medications?

Purpose

- ❑ To increase knowledge about side effects and adverse events for antipsychotic medications and review appropriate nursing interventions.
- ❑ To increase nursing comfort of caring for children and adolescents treated with antipsychotic medications.

PICO

In behavioral health nurses (P), how does education on antipsychotic medications (I) compared to current practice (C), affect knowledge, skill, & comfort with care? (O)

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Summary of the Evidence

Citation	Purpose	Framework Method LOE	Sample Setting	Variables Independent Dependent	Outcome Measurement	Findings
					Data Analysis	Worth to initiative
Begum (2020)	To assess practicing mental health nurses' knowledge of antipsychotic medication side effects using a Multiple-Choice Questionnaire (MCQ) across National Health Service (NHS) Trusts in England.	Cross sectional survey- Descriptive VI / VII	245 completed surveys of mental health nurses England	IV DV: Knowledge of antipsychotic med SE	Multiple-Choice Questionnaire (MCQ) across National Health Service (NHS) Trusts in England. Descriptive Characteristics. Multiple regression techniques- One-Way Analysis of Variance (ANOVA) differences and subsequent post hoc tests	Mean score for the sample was 14.4 and only 21 participants attained a mark of >80%
Gibson (2015)	To assess the effectiveness of an educational handbook on increasing resident knowledge of SGAs and associated side effects	Interventional- prospective pre-/post- analysis study IV / VII	32 psychiatry residents British Columbia Children's hospital	IV: Educational handbook & 1-hour didactic DV: SGA Knowledge	Baseline/post-intervention questionnaire. 7 questions assess knowledge of SGAs distinguishing properties, evidence-based indications, potential SE, and clinical and laboratory assessments. Data analysis using SPSS (PC Version 19.0, PASWInc., USA) software.	- Baseline: 5.4 % of participants scored greater than 80 %, and 28.6 % scored below 60 %. -Mean total score improved significantly from pretest (18.4±4.23) to post-test (21.2±3.28, p=0.001). Demonstrates effectiveness of education can improve knowledge and side effects of SGA
Phillips (2012)	Enhance acute care PMH staff nurses' knowledge: provide med. education to patients taking SGAs and monitor / care for pts with or at risk for Metabolic syndrome associated with taking SGA medications.	Recovery model Interventional- pre/posttest design IV / VII	10 PMH staff nurses 180 bed acute care psychiatric hospital in East Central Mississippi	IV: Staff education via live PPT DV: Knowledge	-20 multi-choice/true false knowledge Qs -understanding and delivery Descriptive stats Paired T-tests and confidence intervals	Statistically significant change in the retention of knowledge among the 10 PMH staff nurses after presentation of the educational intervention (t (9) = 5.395, p < .001).
Stomski, (2016) tool	The development and psychometric evaluation of a questionnaire that captures clinicians' perceptions about these issues.	None Tool development VI	140 mental health nurses Online Australian	IV DV: Perception- understanding & confidence managing antipsychotic med.	Cronbach alpha, 83-.78	2 scales "system responsibility" & "personal confidence". advance knowledge about how mental health nurses' attitudes towards the assessment and management of antipsychotic medication side-effects influences their clinical behaviour *Possible use for measuring nurse confidence and knowledge
Stomski, (2016b)	To examine awareness of, and attitudes towards, side-effect assessment tools, and also identify factors that influence the use of these tools	None cross-sectional Survey- Descriptive VI / VII	171 mental health nurses Online Australian	IV DV: Service responsibility personal confidence	Stomski tool Multiple linear regression models to examine the relationship between demographic predictive factors and the 'service responsibility' and 'personal confidence' scale scores.	Respondents (26.5%) use assessment tool. 'Service responsibility' significantly associated with ongoing use of antipsychotic med. assessment tools (B = 3.26; 95% CI 0.83-5.69). 'Personal confidence' did not influence the ongoing use of assessment tools ***Service responsibility & 'personal confidence' concepts
Subramaniya m (2020)	To determine number of signs required to accurately diagnose catatonia using BFCRS and delineate its dimensions in an acute inpatient unit	None Tool validation	300 patients acute inpatient unit of a tertiary psychiatric hospital. India setting.	IV DV: Catatonia evaluation	Bush-Francis Catatonia Rating Scale (BFCRS) Inter-rater reliability exercise for BFCRS conducted for 25 patients among the 300 patients was excellent with an Intraclass Correlation Coefficient (ICC) value of 0.98.	80 (26.7 %) had at least one catatonic s/s as per BFCRS. Findings from our study indicate that a cut-off of two signs from BFCRS are adequate for accurately diagnosing catatonic syndrome in psychiatric disorders. Support the BFCRS
Wortzel (2022)	Evaluate the effectiveness of an online educational module to improve theoretical and practical knowledge of the (BFCRS)	None Online education program VI/VII	Pre: 482; Post- 236 Med students, psych Residents/fellows /psychiatrists Listservs and ACLP	IV: One hour online module (manual, videos) DV: Knowledge/appl ication of BF	50 question multiple choice test and 3 minute standardized patient video (graded on accuracy of patient scoring of BFCRS) We evaluated the effect of the training module on overall post- and 3-month test scores compared to pre-test scores using multivariable linear regression models	Multiple-choice test improved markedly from baseline to post-test 27.4 to 38.5 and performance on standardized patient scores improved to a similar degree 15.8 to 20.1 BFCRS remained difficult to differentiate even after the course (n = 21), including mannerism, stereotypy, rigidity, waxy flexibility, and grasp reflex. (symptoms to focus on in our modules)

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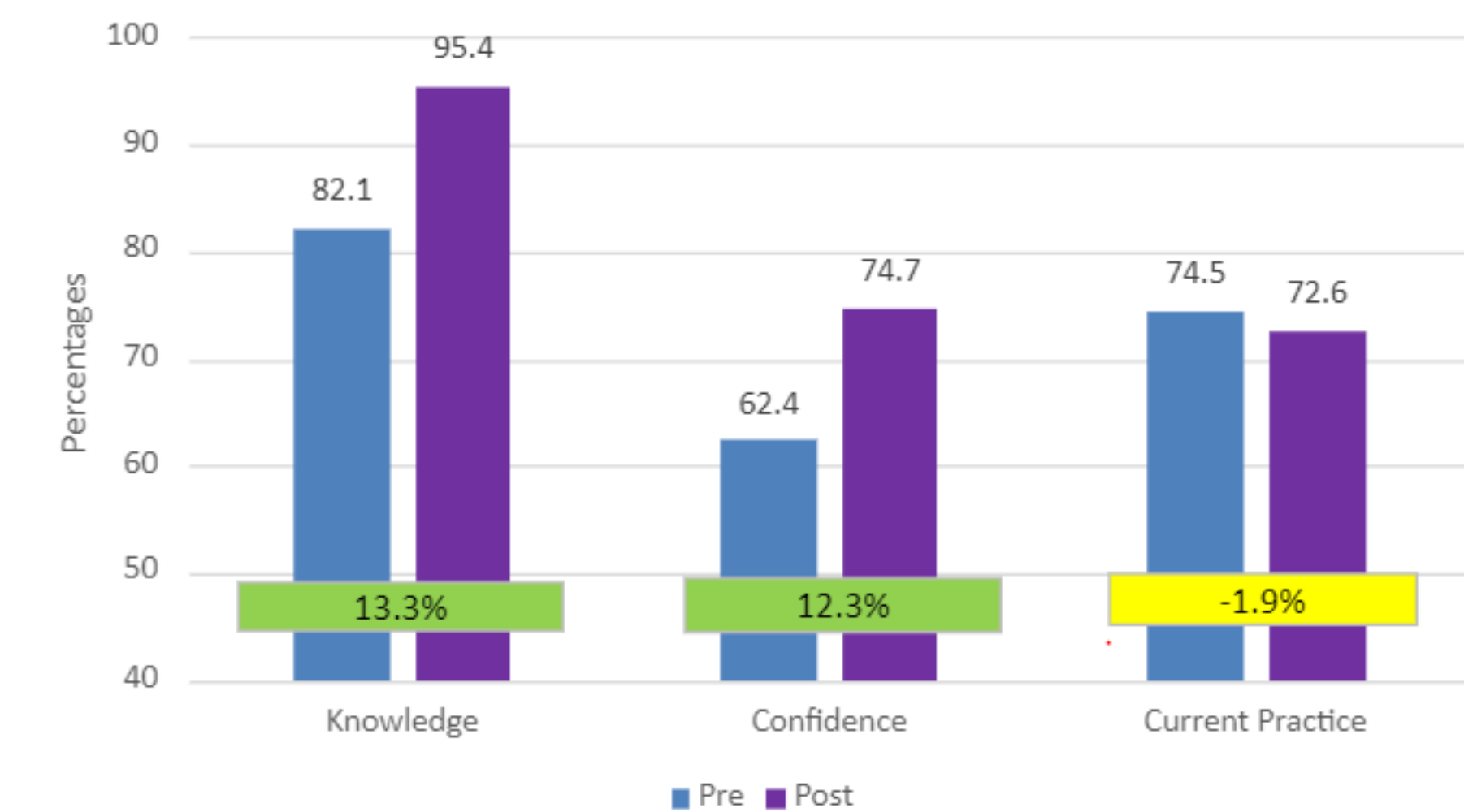
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Implementation Plan

- Collaboration:** Center for Nursing Excellence, BH Nursing Education Team, Nursing Leadership, Outpatient and Inpatient Nurses
- Educate:** Inpatient and Outpatient Nurses, Interdisciplinary Team
- Patient and Family:** Nurses teaching families about antipsychotic medications
- Sustainability:** New hire orientation, available for nursing education in the Learning Center

Outcomes

Outcomes of Educational Intervention



Future Direction

- ❑ Utilize educational module for new hire nurses and annual education
- ❑ Module available in The Learning Center for any clinician
- ❑ Consider creating a parent and patient module
- ❑ Bridge the gap between nurses and providers- universal language, consistent results using rating scales (BFCRS and AIMS)