

Presentation Category: Original - Research Complete

Abstract Title

Continuation of Antipsychotics Initiated in the ICU at Unit Transfer

Learning Objective

Discuss the inappropriate continuation of ICU-initiated antipsychotics at ICU and hospital discharge.

Abstract

Purpose

Agitation and delirium are common complications patients experience in intensive care units (ICU) that can increase hospital lengths of stay and lead to unnecessary health care costs. Antipsychotics are often initiated in the ICU to treat acute delirium and are continued upon transition to the floor units and hospital discharge. Continuation can lead to recurrent emergency department visits, hospitalizations, and short- and long-term side effects. The purpose of this research is to assess the continuation of ICU-initiated antipsychotics at discharge from the ICU and the hospital.

Methods

This was a retrospective study of adult patients who received an ICU-initiated antipsychotic that was continued upon ICU or hospital discharge. Patients were excluded if they were <18 years of age, had an ICD 9/10 code for a psychiatric disorder, died while in the ICU, or were established on an antipsychotic prior to admission. The primary composite outcome was the continuation of an ICU-initiated antipsychotic at ICU or hospital discharge. Secondary outcomes included continuation of antipsychotics in patients older or younger than 65 years of age, 30-day readmission rate if discharged on an antipsychotic, and patient's disposition in comparison to antipsychotic continuation.

Results

Of the 331 patients screened, 126 patients were administered an antipsychotic and included (105 patients on quetiapine and 9 patients on olanzapine). Sixty-three patients (55.6%) were continued on an antipsychotic upon ICU discharge, and 52 patients (45.6%) were discharged from the hospital with a prescription for an antipsychotic. Antipsychotics were primarily initiated for agitation (52.6%), anxiety (23.7%), and delirium (12.3%). At hospital discharge, 31 patients (59.6%) were 65 years or older and 21 patients (40.4%) were less than 65 years old. In patients who were discharged on an antipsychotic, 14 patients (26.9%) were readmitted within 30 days, but no admission could be directly attributed to the patient's antipsychotic use.

Conclusions

ICU-initiated antipsychotics are often continued in patients upon ICU and hospital discharge when used for an acute ICU indication. Elderly patients 65 years or older have a higher continuation rate regardless of their discharge location. Readmission rates were low and not attributed to antipsychotic side effects.

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