

Inappropriate Polypharmacy Risk Assessment Tool (IPRAT)

This tool enables clinicians and health service organisations to categorise risk of harm from inappropriate polypharmacy and outlines recommended actions that should be taken as a result of risk categorisation.

Health Service Organisations (HSOs) may have other approved tools to assess inappropriate polypharmacy and identify patients at high risk. This tool may be amended/adapted by HSOs that do not have their own risk stratification tool.

Risk category	Identification criteria	Action required
High	The patient's admission is due to a medication-related problem* OR The patient is prescribed: <ul style="list-style-type: none"> • 10 or more medicines; OR • 5 or more medicines where at least one is a locally designated HRM; OR • a HRM with no current supporting indication^. 	Referral for a hospital-based medication review. Other further medication-related interventions may also be appropriate.
Moderate	The patient is prescribed: <ul style="list-style-type: none"> • 5 or more but less than 10 medicines; OR • less than 5 medicines where at least one is a locally designated HRM. 	Medication-related interventions such as medication review may be appropriate.
Low	The patient is prescribed less than 5 medicines, none of which is a locally designated HRM.	Requirement and referral for medication-related interventions to be determined by treating clinicians.

*For the purposes of this risk assessment tool, medicine-related problems do not include intentional overdoses.

^A supporting indication for a HRM should be documented in the patient's past medical or surgical histories and/or history of their presenting complaint.

HRMs are those that have a high risk of causing significant patient injury or harm (including death) if they are misused or used in error.¹⁻³ Medicines considered to be HRMs may vary between hospitals and other healthcare settings. It is recommended health service organisations keep a list of locally designated HRMs.

If further risk stratification is required due to limited resources for intervention, the addition of risk factors such as frailty, age over 75 years, previous ADR, recent and/or frequent hospitalisation may be added to the risk assessment.

NSW TAG QUM Indicator 8.1 provides further information about inappropriate polypharmacy and the requirements for appropriate medical record documentation of the risk assessment related to inappropriate polypharmacy. Available here:

<https://www.nswtag.org.au/qum-indicators/>

Abbreviations: HRM = High Risk Medicine; ADR= Adverse Drug Reaction; QUM = Quality Use of Medicines

References

1. The Clinical Excellence Commission (CEC). High-risk medicines [Internet]. Sydney: CEC; 2018 [cited 2020 Mar 4]. Available from: <http://www.cec.health.nsw.gov.au/patient-safety-programs/medication-safety/high-risk-medicines>
2. Institute for Safe Medication Practices (ISMP) list of high-alert medications in acute care settings. Pennsylvania 2018 [cited 2020 Mar 4]. Available from: <https://www.ismp.org/sites/default/files/attachments/2018-08/highAlert2018-Acute-Final.pdf>
3. Institute for Safe Medication Practices (ISMP) list of high-alert medications in community/ambulatory healthcare. Pennsylvania 2011 [cited 2020 Mar 4]. Available from: <https://www.ismp.org/sites/default/files/attachments/2017-11/highAlert-community.pdf>