

REDUCING HARM FROM MEDICATIONS

Targeting Inappropriate Polypharmacy Poster

Inappropriate polypharmacy occurs when one or more of a person's medications are no longer needed, because:



- × there is no current evidence supporting its use in the person; OR
- × therapeutic objectives have not been achieved; OR
- × the medication(s) cause(s) unacceptable side effects, or put(s) the patient at an unacceptably high risk of side effects; OR
- × the person is not willing or able to take the medication as intended.

Inappropriate polypharmacy
is modifiable

- Help reduce the burden of side effects, poor quality of life, disability, hospitalisation and even death from medicines.
- Target people at high risk of experiencing inappropriate polypharmacy and prioritise interventions such as hospital-based medication review.
- The **Inappropriate Polypharmacy Risk Assessment Tool (IPRAT)** can help identify risk of harm from inappropriate polypharmacy. It also gives recommended actions.



Is your patient at HIGH risk of MEDICATION-RELATED HARM from inappropriate polypharmacy 



Admitted due to a medication-related problem?

OR



Prescribed 10 or more medications?

OR



Prescribed 5 or more medications where **at least one** is a **High Risk Medicine**?

OR



Prescribed a **High Risk Medicine** with no current supporting indication?



If YES to any of the above,

REFER your patient for a hospital-based medication review



Common groups of HRMs are represented by the acronym APINCH



High Risk Medicines (HRMs) lists may vary slightly between hospitals & other healthcare settings. Refer to your local list of HRMs and for more information visit:

<https://www.safetyandquality.gov.au/our-work/medication-safety/high-risk-medicines/apinchs-classification-high-risk-medicines>

A: antimicrobials and antipsychotics
P: potassium & other electrolytes
I: insulin products
N: narcotics (opioids) & other sedatives
C: chemotherapy
H: heparin & other anticoagulants