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# Five Practical Tips for Prescribing Medications on Inpatient Psychiatric Units

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*Last updated June 2024*

## Introduction

When you see outpatients and prescribe meds the process is pretty easy—you talk to your patient, discuss some options, then prescribe. Your patient picks up the prescription at the pharmacy and you see how things went during your next appointment. On the inpatient unit things get more complicated since you and your patient are at the mercy of a hospital system and staff with their schedules and policies. In this fact sheet, we provide some tips to ensure that your patient gets the right meds at the right time.

### Tip 1: Timing and Scheduling Are Key

**Vignette:** You've just admitted a psychotic patient, and in the morning you prescribe risperidone BID (twice daily), but you later find out that your patient didn't get their first dose until 8 PM, missing the intended morning dose—because you wrote the order after the time when morning doses are given (typically 8-10 am).

**Tip:** When you write an order for a standing medication, specify "give first dose now" if you want them to start the medication right away.

### Tip 2: Communicate Directly with Nursing Staff

**Vignette:** You round on a new patient who is highly anxious, and you write: "lorazepam 1 mg po now." An hour later, your patient comes up to you in the hallway, appearing more anxious, and asks when she can get her Ativan.

**Tip:** The issue here is that it can take a while for orders to be processed by pharmacy. If this is a med you want the patient to get ASAP for anxiety, verbally inform nursing staff, who will be able to expedite the order.

### Tip 3: Use Pro Re Nata (PRN) Orders Wisely

**Vignette:** You admit a new patient in the afternoon and prescribe all their regular medications. The next day, you learn in morning report that the patient requested additional medications for insomnia and anxiety, and nursing had to wake up the on call psychiatrist for these orders.

**Tip:** Always write PRN meds for new patients—by the way, Pro re nata means literally in Latin, "for the thing born." Even when a patient appears calm during your first meeting, they will likely need prns soon after admission. In fact, a literature review of PRN meds found that 80% of psychiatric unit inpatients get PRNs at some point, most commonly benzodiazepines and second generation antipsychotics. The highest usage of PRNS tends to be on the day of admission and the first few days, and the most common documented reasons were agitation, insomnia, and patient request. (J Clin Nurs. 2008 May;17(9):1122-31.)

### Tip 4: Regularly Review and Reconcile Medication Lists

**Vignette:** You discover during a routine daily interview that one of your patients has not been receiving one of her seizure meds and diabetes meds for that past 3 days since admission. Looking back, you realize this was overlooked during the standard medication reconciliation process.

**Tip:** Don't take anything for granted. At some point early in the admission, review with your patients all their meds to make sure nothing has been missed.

### Tip 5: Coordinate with Pharmacy Staff Proactively

**Vignette:** After a long evaluation interview, you realize that your patient has never received a newer formulation of aripiprazole long acting injectable. You order it to start today. The next day, you find out it was never given, because it is

not on formulary.

**Tip:** Communicate proactively with pharmacy staff when prescribing less common medications. Ask about formulary status and complete any necessary nonformulary request forms. Be prepared for potential rejections or alternatives proposed by pharmacy due to cost considerations of newer medications.