

2. We standardised the blood test parameters that are required following admission to our PICU ward and measured if all relevant blood tests* were completed during admission.
3. Re-audit after implementation of a standardised policy.* (Full blood count, urea and electrolytes, liver function tests and lipid profile, CRP, thyroid function tests, vitamin B12, folate, prolactin, vitamin D, calcium and HbA1c%).

Methods. First cycle is an audit of electronic patient records for all admissions to the PICU ward in a two-month period by using an audit proforma to capture information to answer the questions above.

After implementing a standardised guideline for PICU, second cycle was conducted over a two-month period for the re-audit.

Results. In the first cycle, a total of 20 patient records were audited. 30% had bloods taken within 24 hours of admission to PICU. 10% of patients had bloods taken on their previous ward. 40% of patients declined/unsafe, and 20% were not done in the timeframe.

69% of patients directly admitted to PICU had all the relevant admission blood tests completed and 23% had some of the blood tests done. These numbers were lower for the patients transferred to PICU from other wards.

In the second cycle, a total of 16 patient records were audited. There was an improvement in number of patients having bloods done within 24 hours of admission with only 6% not done in the timeframe.

Of the patients directly admitted to PICU, all the consenting patients (89%) had all the standardised blood tests. These figures remained lower for those patients transferred from other wards without an indication to retest the bloods.

Conclusion. The standardised guideline for PICU that was implemented after the first cycle consisted of a pre-filled blood test request form which included all relevant parameters detailed above.

This had a positive impact with a significant percentage increase in the total number of patients directly admitted to PICU having all relevant admission blood tests completed at re-audit (77% to 100%).

There was also a significant percentage increase (80% to 94%) of bloods taken within 24 hours of admission to PICU.

The next step will be to implement these pre-filled forms across all wards in the KMPT trust.

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Prescription of High Dose of Antipsychotics in Two Rehabilitation Wards of Chronically Unwell Patients

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Aims. The Royal College of Psychiatry (RCPsych) Consensus and the NICE guidelines have set out quality standards for the prescription of antipsychotics. There are concerns, however, regarding the over prescription across different psychiatric units: doses above BNF limits, multiple antipsychotics prescribed, lack of adequate monitoring of physical health and lack of availability of a clear rationale when high dose antipsychotic therapy (HDAT) is used. In the current audit, we sought to review the frequency HDAT is used in a female rehabilitation ward of patients with psychosis and a male rehabilitation ward of patients with

dual diagnosis psychosis and/or autism. We also examined whether appropriate considerations are taken prior to prescribing HDAT and if the mandatory monitoring is in place when someone is on HDAT.

Methods. A set of standards was set out and an audit tool was formulated that took the format of a table for data collection. Data were collected and anonymised, by looking at the medication charts and patients' records, to identify if essential steps prior to/during HDAT prescribing are followed. All service users, 10 in each ward, that were in admission during the period between 7th and 13th November 2022, were included in the study.

Data were compared directly with standards set out based on NICE guidelines and the RCPsych consensus. The data were input into Excel spreadsheet, then analysed and presented in tabular and graphs' format.

Results. A total of 20 medication charts were reviewed over the five-day period. Only one out of ten individuals with ASD in Springs Centre was treated on HDAT and a clear rationale was documented to justify its use. All patients in both wards had the HDAT form and side effects scale form completed and filed. All patients had documentation of HDAT use on T2/T3 forms.

40% of patients at Kenton Lodge were on HDAT. These patients required use of at least one depot due to lack of compliance. There was four patients overall treated on combination of antipsychotics. One patient did not have physical health monitoring at baseline due to refusing consent.

Conclusion. In a small proportion of cases, HDAT may be justified, as long as the safety implications are considered and monitoring requirements observed.

We recommend that audits of high dose antipsychotic prescribing can be performed periodically as a matter of routine practice. Also, to introduce a formal psychosis assessment scale to identify whether improvement has been accomplished since HDAT initiation.

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The Management of Short-Term Insomnia for Inpatients in an Adult Acute Admissions Ward: Audit of Compliance With Local and National Guidelines

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Aims. This study sought to establish local adherence to the following recommendations for the management of short-term insomnia (under 3 months duration): 1. Sleep hygiene advice should be utilised prior to pharmacological management. 2. A non-benzodiazepine hypnotic medication should be prescribed. 3. A one-off trial dose of benzodiazepine or Z-drug should be prescribed prior to regular prescription. 100% of patients reviewed by medical staff for insomnia are expected to meet the set standards.

Methods. Retrospective analysis of a cohort of patients (n=21), in an Adult Acute Admissions Ward in the West of Scotland. Taken over seven days in January 2023. Electronic prescriptions and chronological notes were reviewed in order to identify patients reviewed by medical staff for short-term insomnia.

Results. Of the patients reviewed for insomnia (n=8):

- 12.5% were offered sleep hygiene advice (n=1).

- 25% were prescribed a trial dose of non-benzodiazepine hypnotic medication (n=2).
- 25% were prescribed regular non-benzodiazepine hypnotic medication with no trial dose (n=3).
- 50% were prescribed alternative sedative medication for insomnia (n=4).

Conclusion. Commonly, patients were not provided with sleep hygiene advice. The patients who were prescribed non-benzodiazepine hypnotic medication were often not prescribed a trial dose. Half of the patients were prescribed an alternative to a non-benzodiazepine hypnotic medication.

- Interventions will include:
 - Creation of a sleep hygiene information leaflet to provide to inpatients, medical and nursing staff.
- Presentation of data to medical and nursing staff.
- Ensuring guidelines are available to all medical and nursing staff in the ward environment.
- The audit will be repeated in six months after the interventions.

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Assessing Recording of Allergy Status on Rio Amongst Patients in Sandwell CAMHS

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Aims. To assess recording of allergy status for patients under the care of Sandwell CAMHS

Methods. This audit was performed at Sandwell CAMHS. The project was discussed and logged with the Trust's audit department.

Medical records of all patients (516 patients) seen between January and March 2022 by the medics in Sandwell CAMHS were examined for documentation of allergy status

For all patients the alert bar on Rio was examined to determine whether or not their allergy status was recorded.

A data collection tool was devised to collect information in accordance with the standard i.e, the drug allergy recorded or not and when recorded;

- it is present
- no known allergy where present;
- substance name
- reaction
- severity
- date recorded
- Evidence and Certainty

Results. For the Recording of Allergy Status on Rio, the audit revealed:

- 60 out of the 516 patients had their allergy status recorded. Out of these 60 patients;
 - 18 had possible allergy
 - 42 had no known allergies
- 456 had no recordings of allergy status

C. Those with possible Allergies;

The substance name was documented for all in Rio for those who had allergies indicated

12 of the 18 possible allergies had the allergic reaction documented

13 of the 18 possible allergies had the severity documented

3 of the 18 possible allergies had the date recorded

1 of the 18 possible allergies had evidence and certainty recorded

Conclusion. The audit revealed a poor recording of the allergy status

The following recommendations have been made:

Present audit at the Specialist mental health quality improvement group.

Clinicians should be made aware of the expected Nice Guidelines for documentation of allergy status.

Clinicians to update allergy status of patients every 6-12 months.

Develop an action plan and governance documentation with the specialist mental health quality improvement group.

The results of this audit have been shared with the Rio lead for them to consider making relevant changes in Rio i.e. The systems should include prompts for annual updates of allergy status.

A clear trust policy of documentation on how allergy status/adverse effects will be should be recorded Rio.

If possible, it should be included in the junior doctors' handbook and the eLearning.

To carry out a re- audit in 6 months to 1 year

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Evaluating and Optimising the Self-Administration of Medication (SAM) in an Inpatient Psychiatric Rehabilitation Setting

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Aims. To analyse the process of self-administration of medication (SAM) in an inpatient psychiatric rehabilitation setting in order to improve the MDT awareness and engagement with the process. The project also aims to improve the level of completion of the relevant SAM documentation in the department.

Methods. The medication prescriptions and self-administration charts (where present) for the patients on the ward were reviewed to identify errors or omissions in completion of the documentation.

Thereafter a number of interventions were completed. This included informal education sessions and follow-up written correspondence to the relevant staff (via email and the ward hand-over book). The potential for SAM was additionally prompted at the weekly MDT meeting in order to identify additional suitable patients for the process.

Results. Three out of 18 inpatients were initially engaged to some degree with SAM at the start of the project. For the relevant patients involved, completion of attendance documentation and adherence to written instructions from 70% to 90%. Improvements in other aspects of the documentation were also observed. Following the prompted MDT discussions a further five patients were identified to commence SAM, who may