

handover in 19% ( $n = 6$ ) of cases. Following consultation with stakeholders and consensus regarding the trial of a template for communication to the patient's community consultant, documentation improved to 75% ( $n = 6$ ).

**Conclusion.** All patients in this study who were initiated or maintained on lithium received serum monitoring as inpatients in accordance with NICE guidelines. The introduction of small-scale improvements with a standardised template has been effective, significantly improving discharge communication with community colleagues for patients on lithium. Further research is necessary to elucidate the impact of these changes on patient care in the community by gathering feedback from a diverse group of community colleagues.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

### An Audit of Antidepressant Prescribing in a Single-Centre Child and Adolescent Mental Health Service (CAMHS)

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**Aims.** The audit aims to check compliance of prescribers to the following National Institute of Clinical Excellence (NICE) guidelines:

- NG134, CG31: Antidepressants are prescribed in conjunction with psychological therapy.
- NG134: A risk-benefit discussion took place.
- NG134: Written information was given.
- NG134, CG31: First-line medication was prescribed in the first instance.
- NG134: An off-licence medication is only prescribed after a review.
- NG134: A consent form is signed if an off-licence is prescribed.

**Methods.** All patients under CAMHS and receiving antidepressant therapy was considered. People on the caseload currently an inpatient were excluded. The audit was performed in October 2023. 86 eligible patients were randomised; 30 were selected for case review. Clinic letters and internal case notes were reviewed to check compliance.

**Results.** Areas of good compliance: antidepressants prescribed with psychological therapy, risk-benefit discussions took place, first-line medications prescribed in the first instance, off-licence medications prescribed only after review.

Areas of moderate compliance: written information given with prescriptions.

Areas of no compliance: consent form does not form part of standard practice or local guidelines.

**Conclusion.** The local CAMHS service showed good compliance to NICE guidelines around antidepressant prescribing. Presentation to the local team is required to remind clinicians of the need to document parts of the consultation such as giving written information. A discussion with the regional consultant body yielded the outcome that the service will adhere to local Trust guidelines of internal case notes documenting consent rather than a signed form. The standards for the re-audit in 6 months will reflect this.

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### Audit on Decisions Relating to Cardiopulmonary Resuscitation (CPR) in 2 Older Adult Inpatient Wards

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**Aims.** This audit aimed to understand the practice of advance care planning with regard to cardiopulmonary resuscitation (CPR) in an older adult inpatient setting and to ultimately improve practices to conform to nationally set standards.

The aims of the audit were:

- (1) To determine the prevalence of advance care planning decisions relating to CPR in patients admitted to two older adult psychiatric wards at Thurrock Community Hospital.
- (2) To confirm that the practice of discussion and documentation of 'Do Not Attempt Cardiopulmonary Resuscitation' (DNA-CPR) decisions is consistent with current national standards.

**Methods.** First, we scrutinized whether the patient's preferences for CPR as a life-sustaining treatment were documented or known to the primary care physician at the time of admission, and whether there was a DNA-CPR order in place at the time of admission.

Next, we looked at whether a discussion about CPR was facilitated with the patient (or those close to the patient) during the admission, whether the patient was involved in the discussion surrounding CPR and the reasons for their exclusion (if excluded), and at what point in time during the admission this discussion was carried out and whether it was properly documented.

Finally, we assessed the level of completion of the DNA-CPR form itself.

Total sample: 38 patients.

**Results.** 13 out of 38 patients (34.21%) had a DNA-CPR form in place.

10 out of 13 DNA-CPR forms (76.92%) were complete in all aspects.

Discussion relating to DNA-CPR was not carried out in 29 out of 38 patients (76.32%) during their current admission.

Mental Capacity Assessments and Best Interest meetings were not documented as having been carried out as was necessary in the 4 patients (0%) who did not have a designated Lasting Power of Attorney.

**Conclusion.** Discussions about advance care planning and DNA-CPR were not being carried out in a timely manner as per the national guidelines.

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### An Audit to Assess Compliance With DVLA Guidelines on a Mental Health Rehabilitation Unit

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