11.1% (n = 2). Furthermore, it was noted data recorded varied between clinicians.

The results of this audit were disseminated to OPMHS team. A proforma was introduced to encourage capture of all relevant information and to ensure consistency. Feedback was collected from clinicians using the proformas and relevant changes were made.

A second cycle of this audit was carried out after the proforma was introduced to the subsequent clinic (N = 12). This showed an improvement in record-keeping including lithium dose, lithium levels, psychotropics and side effects of 100% (n = 12). Renal function and mood were recorded in 91.7% (n = 11) of files and safety netting advice provision in 75% (n = 9) of files audited.

Conclusion. Introduction of a proforma is a simple and effective way to ensure relevant and important details are documented. This is not only for good clinical practice, but for medico-legal reasons also.

Assessing Adherence to Antipsychotic Prescribing and Monitoring Guidelines in a Psychiatric Unit for Older Adult Females in Kent and Medway NHS and Social Care Partnership Trust (KMPT): A Retrospective Audit

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Aims. Antipsychotic medications are commonly used in the management of psychiatric disorders, including in older adults. However, the use of these medications in older adults can be associated with a higher risk of adverse effects such as cardiovascular event and extrapyramidal symptoms.

This retrospective audit aimed to evaluate adherence to antipsychotic prescribing and monitoring guidelines in a Psychiatric Unit for Older Adult Females in Kent and Medway NHS and Social Care Partnership Trust (KMPT).

Methods. The audit criteria encompassed various aspects of documentation and medication management, including diagnosis documentation, indication, age, comorbidities, consent, baseline assessments, monitoring, review, and follow-up care. Data from two months' records were analysed leading to an action plan with slight amendments to the user-friendly template for ward round and a physical health monitoring poster for junior doctors and ward staff. These initiatives aim to improve patient care, streamline documentation, while accommodating the rotation of junior doctors. A re-audit is planned post implementation.

This audit's limitations included the study's single-site nature, potential sample size constraints and reliance on accurate documentation.

Results. The audit achieved 100% compliance in documenting patient age and MHA status, meeting legal requirements. Weight, BMI, and baseline blood pressure exhibited full compliance. Baseline ECGs had an 86.66% compliance rate, while QTc interval documentation reached 100%. Antipsychotic indication and weekly reviews were documented at 100%, with an 83.33% rate for rationale documentation for medication changes. Comorbidities were fully documented, but extrapyramidal symptom and sedation monitoring showed a 46.66% compliance rate. Baseline blood tests, including glucose, bA1c, lipid profile, electrolytes, renal and liver function, thyroid function, and prolactin levels, generally had high compliance, but lipid profile and liver function achieved 73.33%. Repeat blood tests varied, with electrolytes and renal function at 100%, while thyroid function and prolactin levels scored lower at 26.66% and 46.66%. Continued monitoring of weight, BMI, and blood pressure remained fully compliant. Compliance for repeating ECGs within recommended timeframes reached 53.33%, and recommendations to GPs for yearly ECGs and blood monitoring achieved 50%.

Conclusion. In summary, the audit identified areas of commendable high and medium compliance with antipsychotic prescribing guidelines in a Psychiatric Unit for Older Adult Females in KMPT. An action plan has been formulated to not only enhance patient care but also to refine the documentation process positively further, fostering continued progress in the provision of high-quality care.

Audit of the Missed Seizure Rate and Management at Northamptonshire Healthcare NHS Foundation Trust (NHFT) Electroconvulsive Therapy Clinic

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Aims. The audit aimed to study missed seizure frequency, management, and restimulation rate at NHFT's ECT clinic.

Methods. We conducted a retrospective analysis of ECT treatments administered between October 1, 2021, and March 21, 2023, collecting data on stimulation frequency and doses, duration of motor seizures and EEG activity, and patients' demographics. The study compared current practice with the NHFT ECT protocol, which defines missed seizures as treatments failing to induce convulsions and EEG activity. Management entails restimulation at least once or twice according to the stimulus dosing protocol during the seizure-threshold (ST) determination phase or by increasing the dose by 10% (50 millicoulombs) during the treatment phase, alternatively recording reasons for not re-stimulating. The ratio of missed seizures to total stimulations was used to determine the missed seizure rate, and the ratio of total restimulations to missed seizures was used to calculate the restimulation rate.

Results. The clinic provided 268 treatment sessions and 26 courses of bilateral ECT to 23 patients aged 17–84 years, primarily female (60%) and Caucasian (74%), with a 12.6% missed fit rate and a 67.5% restimulation rate. Thirty missed seizures occurred during the initial ST determination phase, with twenty-two restimulated. Four of these could not be restimulated due to the maximum limit of three stimulations per ECT session. Seven missed seizures occurred later in the treatment phase, with three restimulated. For restimulations during the seizure-threshold determination phase, only eight of the twenty-two restimulation doses matched the stimulus dosing chart, and over half of these patients were stimulated at a lower-than-recommended dose. Once a seizure was generated and the threshold was identified, suboptimal