

sample that was selected, but for the entire set of patients who received the Rapid Tranquilisation. Following this QIP, we formatted the proforma which included the services to be provided/ actions to be taken, Post Rapid Tranquilisation physical health monitoring and response to medication.

Conclusion. The utilisation of de-escalation techniques and behavioural support plans that was person-centred in turn brought down the rate of Rapid Tranquilisation successfully. Thus placing our PICU as having the least restraints in the UK in 2019 (Second least 3/ month). Our PICU was awarded the prestigious Nursing Times Team of the Year Award for their pioneering work.

Following this QIP, we then formatted the proforma for Rapid Tranquilisation which included the services to be provided/ actions to be taken, Post Rapid Tranquilisation physical health monitoring and patients response to medication. The PICU will continue to maintain this 100% standard and we would then consider extending the Audit to both Open wards and PICU in entire North Wales.

Improving the management of menopause in women with serious mental illness

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Aims. To improve the diagnosis and management of menopause in women with a serious mental illness in psychiatric services. This will be achieved by developing a questionnaire to systematically assess symptoms related to the menopause, based on NICE guidelines. Women will be offered information and advice, according to these guidelines. Barriers to the assessment or management of the menopause will be identified by piloting the questionnaire on an inpatient female ward.

Method. Women aged 40 years and over, admitted to an acute female in-patient ward in South London and Maudsley NHS Foundation Trust, were interviewed using a structured questionnaire.

Result. In total, 23 eligible women were approached of whom 17 (74%) agreed to take part with mean age 53 years (range 40–67 years). Nine women reported that they had undergone the menopause and four women reported experiencing perimenopausal symptoms. Fifteen women had not previously received information about the menopause. Of the 13 women who had undergone the menopause or were experiencing irregular periods, 7 reported experiencing hot flushes, night sweats and a general change in physical and mental health and four reported a change in mood. Seven women reported that the changes noted may have been related to the menopause over the previous 12 months. Eight women requested further information either in written format or in the form of an information group about the menopause.

Conclusion. We identified women who were admitted to a psychiatric ward who had experienced symptoms related to the menopause that had impacted on their mental and physical health. It was evident that the majority of these women with severe mental illness had not had the opportunity to discuss their symptoms with a healthcare professional in the past and a significant proportion welcomed further information to help make sense of their symptoms. We intend to implement the questionnaire trust-wide with the eventual aim of developing a local guideline to inform the assessment and management of the menopause within our services.

Physical health monitoring before commencing regular antipsychotics in a Psychiatric Intensive Care Unit (PICU) - A Quality Improvement project

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Aims. To compare the practice in a PICU setting against the standard practicing guidelines before commencing antipsychotics with regards to:

1. Physical examination
2. ECG
3. Baseline blood investigations
4. Physical health conditions
5. Family history of medical conditions.

Method. Data were collected from the PICU, Black Country Healthcare NHS Foundation Trust which covers four different hospital sites. 37 patients were admitted in PICU from 1st March 2020 to 30th September 2020, out of which 30 were included. 6 case notes were not available and one patient was admitted twice, thus case notes for only one admission was included in data collection. The standard guidelines for PICU outline that each admitted patient should have physical examination, vitals monitoring and baseline investigations including routine blood tests and ECG within first 24 hours. The data were collected as per standards retrospectively within two weeks from case notes in health records. Investigations were accessed through electronic information system for current inpatient admission and 12 months prior to the admission to the PICU.

Result. Mean age of the sample (n = 30) was 34.26 years. 37% of patients had physical comorbidities and a family history of medical conditions was documented for only 3% of cases. A large proportion of inpatients (53%) refused to have blood investigations before treatment and only 13% of blood investigations were completed before commencing treatment. Only 7% of patients consented to an ECG prior to commencing treatment. 27% of patients had a physical examination, including vitals, before starting treatment, a further 37% had just their vitals taken within 24 hours of admission and 20% refused any form of physical examination during their inpatient admission. 7% of cases had complications due to a lack of investigation.

Conclusion. Although there are standard guidelines for the PICU setting, it has been noted that these guidelines aren't always implemented. Multiple factors have a role to play such as: non-consenting patients, inaccessibility of previous records, initial assessment forms being incomplete including assessment of mental capacity and lack of follow-up with physical investigations by both primary care and secondary mental health services. As per findings, a few recommendations were proposed to meet the standards.

A quality improvement (QI) project to ensure females on valproate in a CMHT outpatient clinic, eput are registered on the valproate pregnancy prevention programme

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