

Attention deficit hyperactivity disorder (ADHD) is a common neurodevelopmental disorder, characterised by a persistent pattern of inattention and/or hyperactivity-impulsivity, directly impacting on academic, occupational, or social functioning. It affects between 1-5% of children and young people (CYP) most often presenting in early-mid childhood.

Pharmacological treatment can be considered in CYP if certain criteria are met, where licensed medications include methylphenidate, dexamfetamine, lisdexamfetamine, atomoxetine and guanfacine. Stimulant and non-stimulant medications require frequent physical health monitoring due to their side effects including an increase in blood pressure and/or heart rate, loss of appetite, growth restriction and tics.

Method. Standards and criteria were derived from the NICE guidance (2018), whilst local trust policies were reviewed, demonstrating discrepancies. Standards were expected to be met for 100% of patients.

Electronic patient records were reviewed retrospectively from a representative cohort of CYP reviewed by clinicians in a community CAMHS service during March-November 2020. Data were entered manually into a spreadsheet for evaluation.

Result. A total of 27 CYP records were reviewed, average age 13yo, on a range of stimulant/non-stimulant preparations.

5 (19%) had height checked every 6 months, with 4 delayed to 7-8 months.

For those >10yo, only 5 (19%) had weight checked every 6 months.

Only 2 (7%) had their height and weight plotted on a growth chart and reviewed by the healthcare professional responsible for treatment.

Just 4 (15%) had heart rate and blood pressure recorded before and after each dose change, whilst similarly only 4 (not the same) had these parameters recorded every 6 months.

17 patients were reviewed by telephone/video call, where 5 patients provided physical health parameters (measured at home).

Conclusion. Across all parameters, standards are not being met for the required physical health monitoring for CYP on ADHD medication.

The COVID-19 pandemic has significantly changed the working conditions for community teams, impacting face to face reviews, creating challenges for physical health monitoring.

Our ongoing implementations for change include the use of a proforma for physical health measurements, improving psychoeducation for families, exploring potential barriers with senior colleagues and collaborating with pharmacy colleagues to update local guidelines in accordance with the latest NICE recommendations. We aim to re-audit in June 2021.

Are the staff in Heddfan Psychiatric Unit, Wrexham Maelor Hospital, adhering to the personal protective equipment (PPE) guidance as per Public Health Education, England? a QIP

Asha Dhandapani*, Sathyan Soundararajan, Rajvinder Sambhi and Catherine Baker

BCUHB

*Corresponding author.

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Aims. The aim of this audit is to assess whether healthcare staff are correctly donning and doffing PPE when entering and leaving the wards (changed to donning and doffing PPE when within 2 metres vicinity of a patient).

Method. Consultants/ Junior doctors/ Ward managers/ Staff nurses/ student nurses/ Health care support workers/ Occupational therapist/ Psychologists/ Student nurses/ Housekeeping staff, were all included in this Audit. None of the staff was aware of this Audit and this was an entirely random observation. We used a standard proforma in order to audit. Followed by the Audit, we trained the staff in the unit and then re-audited.

Result. 98% of them wore mask whilst in the ward and 94% of them washed their hands after doffing. 36% did not wear them appropriately and about 10-14% did not wear PPE at all. A mere 7 out of 50 alone used hand gel. Overall the donning and doffing of PPE was not being followed and adhered to according to the standards from PHE as per the first Audit. In particular, during donning only 1/3rd of them donned the PPE as per guidance. Likewise, the doffing technique was also poor, with only half of them removing the apron and mask correctly. Unfortunately, only 7 of the 50 people were observed to have used hand gel in between the doffing. This could be potentially increasing the risk of the spread of the coronavirus.

We had trained almost 150 staff members in the Heddfan unit with regard to PPE/ donning and doffing.

Handwashing prior to donning was achieved by all the staff. All the staff, that is 100 % of them adhered to the donning technique in line with the guidance in comparison to just 64% during the first Audit. Whilst hardly just 1/2 to 2/3rd of the staff followed the doffing technique adequately, the second audit showed that only 2 of the 50 staff did not follow the guidance. A meagre/ handful of them followed the utilisation of hand gel in between the tasks of doffing during the first Audit. Almost 90% of them followed the technique properly during the second Audit. Thus showing that the PPE training was successful.

Conclusion. Following the PPE training that was provided to them there was a good response from the staff and this went on to show how effectively we have managed the prevention/ contamination of virus in our unit.

Are the rapid tranquilisation nice guidelines adhered to, in patients with agitated/aggressive behavior? a QIP

Asha Dhandapani*, Sathyan Soundararajan and Rajvinder Sambhi

BCUHB

*Corresponding author.

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Aims. To explore whether the NICE guidelines for rapid tranquilisation are adhered to in the Psychiatric intensive care unit (PICU/ Tryweryn).

Method. Data were collected by core trainees. Standards were taken from NICE guidelines NG10. All patients who had received rapid tranquilisation, that were in PICU from August 2019 to February 2020 were considered in this a.

Result. During the first PDSA, we discussed with the staff in the ward regarding the protocol. Prior to actually starting the second audit, the adherence was noted to be low. However following persistence and having created a protocol jointly with the ward manager, we could see the difference. The staff were appreciated for their efforts in maintaining 100% adherence. The same was intended to be continued with some positive reinforcement from the auditing team. Over the first 2 months, 12 patients received Rapid Tranquilisation. Out of these 12, we randomly selected 4 patients to find the adherence of the NICE guidelines to be 100 per cent. The predictions regarding the adherence to protocol showed that the PDSA was successful.

During the second PDSA, the adherence was 100% again. The adherence to the protocol has been followed for not just the

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

Maria-Elena Di Lorenzo^{1*}, Thomas Reilly², Tom Walker-Tilley¹ and Shubhra Mace¹

¹South London and Maudsley NHS Foundation Trust and ²South London and Maudsley NHS Foundation Trust, Institute of Psychiatry, Psychology & Neuroscience, Kings College London

*Corresponding author.

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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

Divyanish Divyanish* and Afshan Channa

Black Country Partnership NHS Foundation Trust

*Corresponding author.

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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

Adebayo Emmanuel^{1*}, Parvathy Pillay² and Vyasa Immadisetty²

¹ST5 Essex Partnership University NHS Foundation Trust and

²Consultant Psychiatrist Essex Partnership Unniversity NHS Foundation Trust

*Corresponding author.

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