

audit would highlight the burden and endorse the demand of specific training in this area. A retrospective study was designed to determine the frequency of various psychiatric disorders, reasons and sources of referrals of the cases coming for forensic opinion to a tertiary care unit.

**Methods.** All 174 cases admitted to inpatient psychiatry department, Faisalabad for opining about psychiatric condition were included in the study through consecutive sampling techniques, only repeated cases were excluded. As the study was retrospective, data files were retrieved and desired variables were enlisted in SPSS to calculate the frequency and percentage of different variables.

**Results.** Majority cases were male. One third were referred in year 2018. 47 (27%) criminal cases were being referred while 25 (14.3%) civil cases were received; most of the cases 102 (58.6%) were departmental (cases of the employees of different public departments). As per source of referral 72 (41.3 96%) cases were referred from courts directly, 21 (12.2 96%) cases were directly referred from various departments while most the cases 81 (46.5%) were referred from other public hospitals, As per diagnoses schizophrenia, depression and intellectual disability (ID) were the most prevalent diagnosis with 47 (27%), 41 (23.5%) and 33 (18.9%) cases respectively while 26 (14.9%) cases had no psychiatric diagnosis. 40 (22.9%) cases were advised treatment and follow up, most of these cases 26 (14.9%) were diagnosed as having depression; 30 (17.2%) cases were granted guardianship, 20 (11.4%) out of these were intellectually disabled; 18 (10.2%) cases were referred to other departments for long term psychiatric care institutions, these cases were diagnosed as having schizophrenia, BAD and epilepsy; 9 (5.1%) cases were advised adjustments in jobs, these were diagnosed as depression, schizophrenia and BAD; only 6 (3.4%) cases were suggested to board out on the basis of illness.

**Conclusion.** Department of psychiatry and behavioral sciences, FUM, Faisalabad, Pakistan is burdened with forensic cases that may be managed at other appropriate places. Society and policy makers need to be sanitized in order to make a framework for patients having mental disorder to avoid them ending as criminals or being involved in other forensic issues.

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### Assessment of Admissions to Psychiatric Intensive Care Unit (PICU) at Farnham Road Hospital, Guildford: A Clinical Audit

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**Aims.** The primary aim was to analyze three months of admissions to Rowan Ward PICU (February 22 to April 2022) according to NAPICU's 2014 criteria, followed by implementing recommendations and conducting a re-audit (November 2022 to January 2023) to assess their impact. Secondary objectives included examining the link between prior PICU admissions and higher readmission rates, even when not clinically necessary.

**Methods.** Methods involved assessing each admission against NAPICU's criteria and reviewing the reason for admission (RFA) for appropriateness. Data collection utilized various

sources, including SystemOne, Mental Health Act assessments, and referral documents. Collaborative analysis with the PICU consultant was conducted due to the subjective nature of RFA interpretation.

**Results.** Results from the initial audit revealed that 12 out of 36 patients (33%) were deemed unsuitable for PICU admission, with 8 having prior PICU admissions (67%). Only 22% had documented multidisciplinary team (MDT) discussions. In the subsequent audit, 9 out of 38 patients (24%) were deemed unsuitable for PICU admission, with 2 having prior admissions (22%). Only 3% had documented MDT discussions.

**Conclusion.** There was a reduction in inappropriate admissions from 33% to 24% in the subsequent cycle. This improvement was linked to the implementation of recommendations from the first audit, such as introducing a standardized referral form, enhancing consultant-to-consultant communications, and forming a PICU outreach team. While the initial findings indicated higher readmission rates for patients with prior PICU admissions, this trend lessened in the subsequent evaluation. However, there is still insufficient documentation of Multidisciplinary Team (MDT) discussions, highlighting the need for a re-audit to accurately assess any changes.

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### Re-Evaluating Rapid Tranquillisation Practices in Elderly Patients (over 65 Years of Age) at a General Hospital: A Follow-Up Audit

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**Aims.** This re-audit of rapid tranquillisation (RT) practices in patients over the age of 65 at a district general hospital took place as part of a wider quality improvement project to assess whether practices had improved following previous audits.

**Methods.** Data was accessed using the hospital's electronic patient record system. Drug charts for patients over 65 admitted to six wards (total n = 172) were reviewed. The wards comprised three geriatric wards, two medical wards, and one surgical ward. Drug charts were reviewed using the audit tool developed in previous audits, which has been designed to collect relevant data according to the recognised standard (in this case the local mental health trust's RT guidance). Data was collected on RT type, RT frequency of RT, RT route, indication documentation, post-RT monitoring, nature of prescription (PRN, stat, or regular), underlying diagnosis of delirium or dementia, and involvement of specialist teams.

**Results.**

- Of the 172 audited patients, 9 (5.2%) received RT, compared with 13 out of 297 (4.3%) in the previous 2022 audit.
- PRN remained the most common prescription pattern, with two designated as stat and the remaining three mostly stat but occasionally incorporating PRN. Intramuscular administration continued to be the most common route in both cycles.
- In the current cycle, the maximum frequency was indicated in 55.5% of cases, whereas it was not indicated in the previous cycle.
- In the current cycle, indications were documented for 88.8% of prescriptions, a significant increase from 50% in the previous