Aims: In child and adolescent psychiatry, particularly within Child and Adolescent Mental Health Services (CAMHS), monitoring the physical health of patients on ADHD medications is of paramount importance. Medications such as stimulants can have significant impacts on physiological processes, including cardiovascular health. This audit aims to assess current practices in monitoring physical parameters in children and adolescents prescribed ADHD medication at St Ann's Hospital (Haringey), identify gaps in practice, and recommend improvements based on recent research.
Methods: Study design: Retrospective audit.

Sample: Medical records of children and adolescents diagnosed with ADHD and currently on medication.

Data Collection: Frequency and documentation of weight, height, blood pressure, and heart rate measurements over the past year.

Analysis: Descriptive statistics will be used to compare current practices against established standards.

Ethical considerations: Ensured patient confidentiality throughout the audit.

Literature review.
Results: Of the 50 clients reviewed:

46 clients had their blood pressure, pulse rate, height, and weight measured at every appointment.

2 clients were referred for shared care, impacting tracking of their monitoring.

1 client's height was not checked at appointments, though other parameters were monitored.

1 client did not have blood pressure and pulse rate monitored during follow-up.
Conclusion: The audit highlighted significant adherence to monitoring standards but identified gaps in certain areas. Implementing the recommendations and maintaining a strong commitment to regular audits will enhance the quality of care provided to children and adolescents with ADHD in CAMHS. A re-audit will be planned to evaluate the impact of changes made from this audit.

Evaluating PRN Medication Prescribing Practices in Mental Health Services: A Comparative Audit Following a Serious Incident

Dr Nidhi Shashidhar and Dr Olayinka Adegboye

Nottinghamshire Healthcare NHS Foundation Trust, Nottinghamshire, United Kingdom

doi: 10.1192/bjo.2025.10672

Aims: PRN (pro re nata) medications are widely used in mental health settings but are prone to misuse and prescribing errors. A serious incident involving a patient's death linked to excessive PRN medication supply prompted an initial audit to evaluate compliance with prescribing standards. A re-audit was conducted to assess progress and identify ongoing challenges.
Methods: Two prospective audits were conducted across an inpatient acute ward and a rehabilitation centre. The initial audit (29/07/2024–06/08/2024) and re-audit (29/01/2025–06/02/2025) reviewed medication cards, Rio (electronic patient notes) and EPMA (Electronic Prescribing and Medicines Administration) for 31 patients prescribed PRN medications. Compliance was assessed against 13 predefined standards, including generic naming, dose intervals, BNF compliance, and regular reviews.
Results: Sustained Full Compliance:

Both audits demonstrated 100% compliance in key areas: generic naming, specified administration routes, separate prescriptions for multiple routes, adherence to BNF limits, clear indications for use, and rewriting altered prescriptions.

Key Improvements:

Minimum dose interval specification improved from 64.5% to 93.5%.

Maximum dose documentation increased from 96.7% to 100%.

Regular ward round reviews rose dramatically from 3.2% to 64.5%.

Discontinuation of unused PRN medications (>1 month) improved from 0% to 22.2%.

Review of PRN medications used regularly (>72 hours) increased from 0% to 28.5%.

Documentation of regular vs. PRN use improved from 33.3% to 44.4%.

Ongoing challenges:

Review of PRN medications used regularly (>72 hours) remained low at 28.5%.

Discontinuation of unused PRN medications (>1 month) was only 22.2%.

Documentation of regular vs. PRN use remained below 50%.
Conclusion: The re-audit demonstrates significant progress in dose interval specification, maximum dose documentation, and ward round reviews. However, challenges persist in the regular review and discontinuation of PRN medications, as well as in documenting regular vs. PRN use. Continued focus on these areas is essential to ensure patient safety and adherence to best prescribing practices.

Recommendations:

Key recommendations include integrating PRN standards into doctor inductions, involving pharmacists in ward rounds, and conducting regular re-audits to monitor progress and sustain improvements. Disseminating guidelines and providing feedback to medical teams are essential steps toward achieving full compliance and enhancing patient safety.

Audit of Electroconvulsive Therapy (ECT) Service Provision: Current Practices and Adherence to Guidelines at Punjab Institute of Mental Health, Lahore, Pakistan

Dr Muhammad Sheikh[1], Dr Ahmad Irfan[1], Dr Adnan Sarwar[1], Dr Muhammad Ahmed[1] and Dr Haris Ali[2]

1Punjab Institute of Mental Health, Lahore, Pakistan and 2Rawalpindi Medical University, Rawalpindi, Pakistan

doi: 10.1192/bjo.2025.10673

Aims: Our audit aimed to assess the quality of care received by patients undergoing Electroconvulsive Therapy (ECT) treatment in one of the largest psychiatric hospitals in Pakistan. The current practices regarding the consent process, recording of vitals during ECT, and monitoring of clinical response and cognitive side effects were assessed. Adherence to guidelines set forth by the Royal College of Psychiatrists was examined.
Methods: In a retrospective analysis, a record of 31 patients who received ECT treatment between April 2024 and September 2024 was examined.

The aspects of consent process reviewed were:

Completion of consent form by the patient or carer.

Documentation of ongoing valid consent.

Right to withdraw consent.

The aspect of ECT administration process reviewed was the documentation of pulse, blood pressure and pulse oximetry readings.

The aspects of the monitoring process reviewed were:

Assessing and recording clinical response at baseline and between sessions.

The use of validated rating scales in assessing response.

Assessing and documenting cognitive side effects.

Results: Although the consent forms were completed by 100% of the patients or carers and ongoing valid consent was checked for all the patients before each ECT treatment, none of the patients were informed about the right to withdraw consent. The vital signs including the pulse, blood pressure and pulse oximetry readings were robustly documented before, during and after the administration of ECT. Unfortunately, no validated rating scale was used for assessing the symptomatic improvement during the course of ECT treatment, and the evaluation of improvement was solely based on the clinical judgement of the psychiatrist. With this reliance on clinical judgement, the clinical status of all the patients was assessed at baseline but the clinical response between each treatment session was assessed for only 45% of the patients. Regrettably, there was a lack of documentation regarding assessment and review of the cognitive side effects and no standardised cognitive assessment tool was used for this purpose.

Conclusion: This audit highlights several areas for improvement, including the failure to inform patients about the right to withdraw consent, irregular clinical evaluations, and the neglected use of standardised assessment tools for monitoring clinical response and cognitive side effects. We suggest updating the consent forms to include the right to withdraw consent. Culturally validated assessment tools should be designed for more structured and objective monitoring of clinical response and side effects. Finally, a re-audit should be scheduled in one year's time to assess improvement.

High Dose Antipsychotic Therapy (HDAT) and Physical Health Monitoring for Patients Under the Liverpool Homeless Outreach Service

Dr Sibanda Shelton, Dr Monira Sharif, Dr Tom Ebbatson and Dr Kauser Tabani

Mersey Care NHS Foundation Trust, Liverpool, United Kingdom

doi: 10.1192/bjo.2025.10674

Aims: To assess the antipsychotic burden and adherence to the Trust policy on HDAT and physical health monitoring for patients under the Liverpool Homeless Service.

Methods: Patient records were assessed for a three-month period between July to September 2024 to look at the antipsychotic burden for patients under the Liverpool Homeless Service. Sources of information included patient electronic records, and General Practitioner summaries. A two-stage process was then carried out depending on the HDAT calculations. For patients found to be HDAT, records were checked to measure the adherence to the protocol. Trust Protocol would require bloods and ECG to be done, followed by repeat tests at 3 and 6 months. For the rest of the patients on the caseload we assessed whether physical health monitoring had been done per policy. Trust policy on this was yearly Body Mass Index, full blood count, Liver function tests, Renal profile, HBA1C level, lipid profile, serum prolactin. Compliance to these standards was set at 100%. A total of 40 patients were included in this audit

Results: We found that 2.5% of the patients in the service were receiving HDAT. HDAT protocols were not followed for these patients. With regards to physical health monitoring 62.5% of the patients had received the stipulated yearly bloods tests. 55% had Body Mass Index done. Reasons given for non-compliance to these checks included lack of engagement from service users, lack of timely reviews. 77.5% of patients assessed had ECG monitoring done, and this was on time in 60%.

Conclusion: Use of high-dose antipsychotics in the service was low, at 2.5%. There was low uptake of HDAT protocol in these patients. Physical health reviews were noted to be adherent to the policy in about half the caseload. To this end recommendations were made for a system to identify patients due for their physical health checks. Awareness was also to be raised in the team regarding HDAT.

ADHD in Intellectual Disability Audit: Diagnosis, Medication and Monitoring

Dr Shoyoye Oluwadamilola Dr Iqbal Mehak Dr Bennett Sharna Dr Hemmings Colin Dr Jordanova Vesna Dr Oluwadamilola Shoyoye, Dr Mehak Iqbal, Dr Sharna Bennett, Dr Colin Hemmings, Dr Vesna Jordanova

Kent and Medway NHS and Social Care Partnership Trust, Kent, United Kingdom

doi: 10.1192/bjo.2025.10675

Aims: Attention Deficit Hyperactivity Disorder (ADHD) is more prevalent in adults with an intellectual disability (ID). NHS Digital reported the prevalence of ADHD in the ID population to be 9% in 2023–2024, compared with 1.2% in those without ID. Understanding the prevalence of ADHD within our Mental Health of Learning Disabilities (MHLD) team is crucial for tailoring our services accordingly and improving patient care. We decided to complete an audit across Kent and Medway to assess the degree of service demand arising from the diagnosis and treatment of ADHD in patients already open to the MHLD service, and to assess our adherence to NICE guidance for medication monitoring for ADHD medications.

Methods: A cross-sectional study of all patients currently open to MHLD was conducted. Total numbers across MHLD were recorded, as well as the split between the East and West Kent caseloads. All case notes, clinic letters and GP records were reviewed to identify whether a diagnosis of ADHD (or possible ADHD) was present. Once identified, a deep dive of patient records took place to check medication history and GP monitoring. Information was collated about the type of medication prescribed and length of prescription and whether monitoring had been carried out over the past 6 months in accordance with NICE guidance.

Results: We found that 15% (N=97) of all MHLD patients (N=629) had a confirmed diagnosis of ADHD, with 65.5% male and 34.5% female. The mean age of these patients was 24.6. Of those with confirmed diagnoses of ADHD, 43% (N=42) were prescribed medication. The most commonly prescribed medication was methylphenidate (62%), followed by atomoxetine (14%) and lisdexamfetamine (9.5%). Most patients had been on ADHD medication for less than 1 year (31%), with only 7% of patients being prescribed ADHD medication for over 10 years. With regards to medication monitoring, for those prescribed ADHD medication,