

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.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

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 SystmOne, 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

cycle. Furthermore, there was almost 100% compliance in nursing/medical documentation of RT administration in patient notes, which was lacking in the previous audit.

- Psych liaison or dementia team involvement was observed in around 33% of cases in the current cycle, whereas it was not evident in the previous cycle.
- Post-sedation monitoring in line with policy was not evident in either cycle.

Conclusion. Overall, both audits highlighted consistent challenges in prescription practices and post-administration monitoring, albeit with variations in compliance levels and team involvement. Since the completion of this re-audit, a new RT policy has been approved which has much clearer guidance for the general hospital. This RT policy will be launched with a programme of teaching and training for the hospital. We aim to track progress by conducting a re-audit within 6–12 months.

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Adherence of Baseline Physical Health Monitoring for Patients Receiving Antipsychotic Medications in a Psychiatry Ward, Lahore

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Aims.

- To identify current practices regarding baseline tests monitoring for antipsychotic medications.
- To identify potential causes for not adhering to the standard guidelines.
- To ensure all the baseline tests have been documented and reviewed properly.

Methods. In a retrospective analysis, a cohort of 28 patient case notes was examined in June 2023 to assess the baseline physical health parameters within the Psychiatry department at Punjab Institute of Mental Health, Lahore, in accordance with the guidelines outlined in “The Maudsley Prescribing Guidelines in Psychiatry 13th edition.” The data was analyzed to fulfill the audit objectives, and significant trends were subsequently identified.

Results. The baseline assessments encompassed a comprehensive blood count, urea and electrolyte analysis, liver function testing, blood glucose measurement, and blood pressure monitoring, all of which were conducted in 100% of the cases. Nevertheless, electrocardiography (ECG) was only carried out in 71% of the cases prior to the initiation of antipsychotic treatment. Regrettably, there was a lack of documentation regarding baseline weight/BMI monitoring, serum prolactin level assessment, and creatinine phosphokinase level measurement.

Conclusion. The audit revealed several areas of concern that warrant immediate attention and improvement. These include:

- Protocols and Guidelines: The absence of defined protocols poses a significant challenge to maintaining consistent and standardized practices within the department.
- Awareness and Training: There is a noticeable lack of awareness among medical staff, including doctors and nurses, regarding the importance and proper procedures for baseline assessments.

- Sampling Errors: The occurrence of sampling errors during the data collection process has impacted the reliability and accuracy of the obtained results.
- Administrative Challenges: Administrative issues have been identified as a barrier to the seamless implementation of baseline assessment protocols.
- Resource Allocation: Insufficient funding for laboratory resources has hindered the comprehensive and timely conduct of essential tests.
- Test Availability: The limitations in the availability of certain required tests have impeded the thoroughness of baseline assessments for patients.

Addressing these areas of improvement is critical to enhancing the quality of care and ensuring the holistic well-being of our patients. It is imperative to implement robust protocols, enhance staff awareness and training, rectify administrative challenges, secure adequate funding for resources, and ensure the availability of essential tests. These measures will contribute to the delivery of comprehensive and effective healthcare services within the Psychiatry department at Punjab Institute of Mental Health, Lahore.

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Completion Audit of Inpatient Glasgow Anti-Psychotic Side-Effect Scale (GASS) Forms

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Aims. Side-effects are a recognised burden of all medications and are linked to poor compliance. In psychiatry, poor compliance can result in a relapse and significant deterioration in mental health. This has an impact on both the patient and the wider healthcare system. It has been speculated that if patients had more control/recognition of side-effects, compliance would increase.

GASS is a self-rating scale for side-effects of antipsychotic medication. It has the added effect of being able to stratify side-effects by their severity and biological system involved (Central Nervous System (Sedating) effects, Neurological (Movement) disorders, Anticholinergic, Gastrointestinal and Endocrine). The form consists of 22 questions with a scoring sheet attached to the reverse. Symptoms are graded by frequency and patient's perceived burden.

The British National Formulary has ‘minimum standards’ expected. These are designed to create a standardised approach to side-effect reviewing, encouraging a proactive reviewing process. These are meant to take place: After initiation and dose titration, at 3 months and annually thereafter. The National Institute for Clinical Excellence Guideline CG178 and the Scottish Intercollegiate Guidelines Network (Guideline-131) both advocate this standardised approach with the gold standard adding a review at 1 month.

The aim for this project was to audit the current completion rate of GASS forms in inpatient wards. The secondary aim was to improve completion rates after intervention.

Methods.

1. Search case notes and extrapolate data to Microsoft excel.
2. Review data and identify challenges perceived from staff.