

were qualitatively reviewed, guided by NICE recommendations, to assess both adherence to, and suitability of YDH AAW policy.

Results. Alcohol abuse was identified at the time of medical clerking in all 15 patients. Audit-C scores were completed in 7 patients. All 15 patients had CIWA scoring initiated within 1 hour of clerking, and chlordiazepoxide prescribed as a STAT dose and then a fixed PRN dose according to whether CIWA score was above 10 or not. 10 patients had their CIWA scores monitored for at least 24 hours. 3 out of 15 inpatients had harmful outcomes, including falls, intracerebral haemorrhage, fractured neck of femur, and cardiac arrest.

Conclusion. Overall, adherence to YDH guidelines was good. Despite this, a high proportion of patients admitted under our care were harmed as a result of inadequate management of alcohol withdrawal. Where issues were identified, these were arguably linked to problems with the YDH AAW policy itself. Unclear guidance over how long to monitor CIWA scores, limitation of chlordiazepoxide doses to 10 mg for even the highest CIWA scores, and omission of Audit-C score in the current hospital guidelines, are suggested as contributors to harm in the three patients identified. Going forward, it will be important to review and make appropriate changes to the YDH policy in these areas according to NICE recommendations, to protect our patients from further harm. These results may well have wider implications in terms of adjustment to AAW policy at other hospitals across the UK.

An Audit to Assess the Level Pregnancy Screening Conducted on Admission for Female Inpatients on an Acute Psychiatric Ward

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Aims. Currently, practice is that if patients of childbearing age provide a urine sample on admission they will also be consented to test for pregnancy. As many new patients may refuse to provide a urine sample often due to their mental state or concerns about drug testing this results in some patients not being tested for pregnancy during admission unless required for medication or at patient request. Given the high level of vulnerability and the medication implications for pregnant patients, ascertaining pregnancy status early on in admission is beneficial to patients found to be pregnant. Therefore, we aimed to audit how pregnancy status is assessed and documented on admission and aim to improve the practice where areas for development are identified.

Methods. Over the 6 month period July-December 2021 there were 105 inpatient admissions on an acute female psychiatry ward. Using a random number generator 15 patients from this cohort were selected and their notes audited as to whether a urine pregnancy test or bHCG serum pregnancy test was completed on admission. If not, we searched the admission notes for documentation of 'pregnancy, last menstrual period (LMP), sexually active status, contraceptive use'.

Results. Of the 15 patients audited, 7 had a documented urine pregnancy test on admission (47%). Of the 8 patients that had not had testing only 1 patient had documentation of contraceptive use prior to admission, the other 7 non-tested patients had no notes regarding their LMP/contraception. 2 patients who did

not have a pregnancy test had in fact had a urinary drug screen on admission, this coincided with a time of approximately 1 month when there were no urine pregnancy test strips available on the ward. At this time serum bHCG or LMP were not routinely used. One of these patients was found one month later to be pregnant.

Conclusion. We propose based on our findings that a more robust enquiry as to the risk of pregnancy should be conducted on admission for female acute inpatients. We have made recommendations that this should be in the form of a checklist to be conducted as part of the nursing admissions assessment such that if a urine sample is refused then a form detailing LMP, contraceptive use and any recent unprotected sexual activity will be completed. This can then be reviewed by the medical team prior to commencing medications. The use of this checklist will be reaudited between January-June 2022.

Audit of Adherence to Prescribing Guidelines of Psychotropic Drugs for People With Intellectual Disability and Behaviours That Challenge -Specialist Support Team -SST-Merseycare NHS Foundation Trust

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Aims. There are concerns following the Winterbourne view investigation and from the Learning Disabilities Census that psychotropic medications are being inappropriately given to people with learning disability as a means of managing difficult behaviours. Stopping Overuse of Medication in People with Learning Disability (STOMP) is a key area which has been identified as needing improvement for the Transforming Care Programme which is being supported by the Royal College of Psychiatrists. Members are encouraged include STOMP in their local audits. It is for this reason that the topic has been chosen. The overall aim of this project is to capture the snapshot of prescribing of psychotropic medications for people under SST care. This information has been used for establishing baseline of current practice as they are happening and to develop SST base response to support STOMP agenda.

Methods. The population audited was patients open to the SST LANCS/GM. Patients had to be between 18 and 65 years old, have a diagnosis of a learning disability and be known to have challenging behaviour. Patients were excluded from the audit if they had no challenging behaviour, had been discharged from services. The sample size was 20 (10 from GM and 10 from LANCS). Data were collected using the proforma and then entered into Microsoft excel for analysis.

Results. Four overall standards were audited, each with key lines of enquiry within the standard audited to help determine compliance. Overall compliance for standard one, the indication and rationale should be clearly stated, was 50%. For standard 2, consent to treatment procedure, the third standard, regular monitoring of the treatment response and side effects, and the final standard, review and evaluation of the need for continuation or discontinuation of the psychotropic drug, the compliance was less than 10%. It should be noted that the audit erred on the side of counting in any information that suggested that the