

Incorporate detailed information about the Trust's local VTE assessment policy into resident doctor's induction.

Duty doctors to handover incomplete assessments to ward team doctors to avoid missing the assessment in case patients refuse it on admission/unable to carry out for some reason.

Informative poster to be pasted on the board at Resident Doctor's room to reinforce the practice.

Pop-up/Prompts are already being given every time on opening patient's Electronic Records for incomplete VTE assessments. Duty doctors to please complete them as soon as possible if prompted.

Consultants to discuss about frequency of VTE assessments on MDT reviews during discussion at the end of the audit presentation.

Repeat second cycle of audit after 6–8 months.

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.

## Improving Documentation of Physical Health Plans After Patient Visits From General Hospital

Dr Shehroz Shakeel

Coventry and Warwickshire Partnership Trust, Coventry, United Kingdom

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**Aims:** Patients in acute psychiatric wards often require physical health assessments at associated medical hospitals. At Quinton Ward, Caludon Centre, we frequently transfer patients to University Hospital Coventry and Warwickshire (UHCW) for physical health concerns. However, their discharge plans are often not documented on CareNotes upon their return, leading to gaps in continuity of care. This audit aimed to assess whether discharge plans were documented and identify areas for improvement.

**Methods:** A retrospective audit was conducted on the last 10 patients transferred from Quinton Ward to UHCW for physical health concerns. Data collection focused on patient legal status, accompaniment by staff, presence of discharge documentation, and whether discharge plans were chased and recorded on CareNotes.

**Results:** 5 patients were informal, and 5 were detained under the Mental Health Act.

All 10 patients were accompanied by a staff member.

7 out of 10 visits were to A&E only, while 3 patients were admitted, including 2 readmissions.

Only 2 patients returned with a formal discharge summary.

No staff member actively chased a discharge summary or treatment plan for the remaining 8 patients.

Of the 2 patients with a discharge summary, only one had full documentation of their discharge plan on CareNotes, while the other had partial documentation.

Overall, only 1 out of 10 patients had a fully updated physical healthcare plan upon return.

No documentation was found regarding whether patients were satisfied with the care received at UHCW.

**Conclusion:** This audit highlighted a significant gap in the documentation of physical health treatment plans for psychiatric inpatients returning from UHCW. Given that discharge summaries are not always provided, relying on them is not a viable solution. To improve documentation, a structured form was developed for staff to complete while at UHCW or upon the patient's return. This form ensures that essential information – diagnosis, investigations,

treatment, and follow-up plans – is consistently recorded and uploaded to CareNotes. A follow-up audit will assess the effectiveness of this intervention in improving documentation and patient care continuity.

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## A Retrospective Analysis of Non-Attendance (DNA) in Haringey CAMHS: Addressing Barriers to Care and Improving Engagement

Dr Rakesh Sharma

CAMHS St Ann's Hospital, London, United Kingdom

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**Aims:** To evaluate DNA rates and contributory factors within CAMHS to propose interventions that improve appointment adherence and service delivery.

**Methods:** A retrospective review of appointment data and patient records.

Data sources:

RiO (electronic patient records).

Appointment scheduling logs.

Communication records (e.g. letters, SMS).

Audit Period: October 2024–December 2024.

Inclusion criteria:

All scheduled CAMHS appointments during the audit period.

Patients aged [5–18 years].

Exclusion criteria:

Appointments cancelled in advance by patients or clinicians.

Patients discharged prior to the scheduled appointment date.

**Results:** The high DNA rates, especially in the Generic Team (77–97 across three months), underline the wasted resources and delayed care. This validates the need to identify and address the root causes of DNAs.

Findings:

Generic team has consistently higher DNA rates.

ADHD and Adolescent Outreach teams also show engagement challenges.

**Conclusion:** The audit highlights significant DNA challenges in CAMHS. Addressing these issues through improved communication, flexible scheduling, and robust follow-ups can enhance patient engagement and resource efficiency. Future re-audits will track improvements and refine interventions.

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## Ensuring Comprehensive Care: An Audit on Physical Parameter Monitoring in Children and Adolescents With ADHD on Medication

Dr Rakesh Sharma

CAMHS St Ann's Hospital, London, United Kingdom

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**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.

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## 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

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**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.

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

Dr Muhammad Sheikh<sup>1</sup>, Dr Ahmad Irfan<sup>1</sup>, Dr Adnan Sarwar<sup>1</sup>,  
Dr Muhammad Ahmed<sup>1</sup> and Dr Haris Ali<sup>2</sup>

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

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**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: