

Aims. To survey the prevalence of monitoring of vitamin D on an inpatient ward.

To audit the treatment if there is identified vitamin D deficiency or insufficiency

To compare differences between findings in audits

Method. All inpatients admitted to Milford centre between August 2019 and August 2020 were selected as part of the sample size.

Data were collected by FY1 and FY2

Patients' laboratory results were accessed to determine vitamin D levels.

E-notes were used to conclude who were vitamin D sufficient or deficient for treatment

The standard for the audit were as per:

Management of vitamin D deficiency or insufficiency in adults – CKS (2018)

The above was based on National Osteoporosis Society (NOS) guideline *Vitamin D and bone health: a practical clinical guideline for patient management* [National Osteoporosis Society, 2013] and Scientific Advisory Committee on Nutrition (SACN) guideline

Result. 2017

48/188 patients had vitamin D levels measured

36/48 patients had sufficient vitamin D levels

12/48 patients were either deficient or insufficient

12/12 patients were treated where found deficient or insufficient

2020

90/115 patients had vitamin D levels measured

47/90 patients had sufficient vitamin D Levels

43/90 patients had either insufficient or deficient vitamin D levels

22/43 patients had treatment documented in notes where found deficient or insufficient

Conclusion. Difficult to make comparisons with previous audit due to difference in number of patients tested

Vitamin D is routinely tested on Milford ward on admission hence the large number compared to the last audit

52% had noted to have sufficient levels of vitamin D

Concerning were results that only 51% of those deemed to have insufficient or deficient were treated based on notes

Potential reasons could be:

Prescribed in medication card and not documented in notes.

Vitamin D results checked in another ward, no supplementation given, and then transferred to Milford house.

Patients refused treatment but not documented adequately.

Patient discharged before results were received due to quick around

Results were deemed insufficient in terms of the range but very close to normal hence decision made not to start supplementation

Results to be disseminated with medical and nursing colleagues

Re-audit in September 2021

Off-label prescribing of quetiapine in south locality crisis teams

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Aims. The audit was carried out to determine the frequency of off label prescribing of quetiapine and compliance with standards within Trust Policy (UHM PGN 02 PPT PGN 08) – Physical

Health Monitoring of Patients Prescribed Antipsychotics and other Psychotropic Medicines, NICE CG178, General Medical Council Ethical Standards and Royal College of Psychiatrists – College Report CR210.

The main objectives of the audit were to determine if:

Patients have been appropriately informed of off-label status and consent recorded.

Alternative licensed treatment first used/ruled out.

Appropriate communication on transfer of care.

Appropriate physical health monitoring completed.

Background. Quetiapine is associated with various physical side effects. Patients should be fully informed of the expected risks and benefits of treatment, and the limited evidence base for off-label prescribing.

There are additional issues around the transfer of prescribing to primary care.

Method. The sample consisted of 50 consecutive patients selected from the crisis team caseload in the month of December 2018.

Data reviewed in this audit were taken from six months period.

Records audited were obtained from RiO (electronic records) and prescription charts.

Data collection was started in January 2019 and completed in March 2019

The audit tool was a dichotomous scale questionnaire based on NICE guidelines.

Result. 4 patients from the sample (8%) were prescribed off-label quetiapine.

100% had physical health monitoring completed as per Trust policy.

100% off-label indication been clearly documented in notes.

100% Consent to treatment was documented.

100% had medication reviewed in the previous 6 months.

75% had licensed medication used or ruled out before considering off-label quetiapine use

25% risks/benefits of treatment were documented as part of a patient discussion.

25% had documented evidence that alternative treatment options were discussed.

25% had documented evidence of Community consultant/GP consent/agreement was obtained before transfer of prescribing

75% had a documented plan for review of quetiapine for treatment efficacy and side effects

50% had a documented plan in place for ongoing physical health monitoring

Conclusion. Suggested a wider audit may be required with greater patient numbers and which specifically filters for patients prescribed quetiapine.

Audit result has been shared with Crisis team members, Medicines Optimisation Committee and South Locality Quality Standards Committee in the trust.

Clinical audit of cardio-metabolic monitoring in people with intellectual disability (PWID) taking antipsychotic medication

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Aims. To ensure close monitoring of physical health parameters when antipsychotics are prescribed and to liaise with primary care to ensure appropriate interventions are implemented.