

5 Audit

Audit on Management of Behavioural and Psychological Symptoms Among Dementia Patients in Humber Older People's Mental Health Services

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Aims. Up to 75% of dementia patients will experience behavioural (non-cognitive) symptoms in their lifetime. Therefore, it is important to ensure delivery of high level of quality care to these set of patients.

The NICE guideline recommends that:

1. Non-pharmacological method should be used before pharmacological method in the management of behavioural symptoms.
2. When antipsychotics are used, they should be started at low dose and increased slowly.
3. Those started on antipsychotics should have follow up at least 6 weeks after commencement.

Aim: The audit aims to compare the care we give dementia patients with behavioural symptoms against the NICE guideline.

The objectives are:

1. To assess use of non-pharmacological method before pharmacological method in the management of behavioural symptom in dementia patients.
2. To assess antipsychotic prescriptions in the management of behavioural symptoms in dementia patients.
3. To assess if patients started on antipsychotics were properly followed up.

Methods. Electronic records of 34 patients who met the inclusion criteria were assessed and information related to the objectives were extracted. Data was stored securely in the trust laptop. Analysis of the information was done using Microsoft Excel version 2022. Results were presented in charts.

Results. The result showed that the commonest behavioural symptoms reported was agitation and verbal aggression which accounted for 34% and 29% respectively. About 24% of the patient were commenced on medication for their symptoms without trial of non-pharmacological methods. Out of the patient that were on medications, risperidone was the commonest medication prescribed accounting for 37%. Other medications prescribed included quetiapine, amisulpride and lorazepam. The result also showed that those started on medication were properly followed up according to the NICE guideline.

Conclusion. The audit showed that the NICE guideline is not fully followed, adherence to the guideline is around 75% overall. Efforts should be geared toward enlightening professionals about the need to follow the NICE guideline in managing this condition. It would be worthwhile to re-audit in 12 to 24 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.

Audit on PRN Prescriptions in Adult Inpatient Female Ward

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Aims. Pro re Nata (PRN) psychotropic medication prescription and administration play a crucial role in addressing patients' immediate needs and medical care plans in acute mental health services. However, regarding the appropriate indication, use, and documentation of PRN medication prescription, review, and administration practices should be as per NICE guidelines to ensure patient safety and care quality.

This audit will encompass an evaluation of PRN medication prescription in acute inpatient psychiatry as per NICE guidelines and a reaudit after recommendations implementation.

Methods. We made 8 sets of questionnaires based on The National Institute for Health and Care Excellence (NICE) guidelines recommendation for PRN prescription as per local trust policy. We collected data from 28 patients in the acute inpatient mental health unit for the first cycle. Data was collected from patients' records which included medicine charts, progress notes, and MDT reviews. We analyzed data from the first cycle and implemented changes in Clinical practice. This includes including these guidelines in junior doctor induction, weekly discussion with team pharmacist, adding prompts in medication chart, and weekly review of PRN medication in ward MDT. After 2 months we collected data of 25 patients for reaudit.

Results. We analyzed first-cycle data, which required improvement as per AUDIT standard compliance. We implemented recommendations before reaudit. We found there were significant improvements in some areas of concern, although this was not 100 percent audit standard. This area includes a review of PRN medication prescriptions in the last 7 days (25 percent in the first cycle, 56 percent in reaudit), grouping them if both oral and intramuscular formulations were prescribed to avoid overdose (7.2 percent, 28 percent), documentation of minimum (10.7 percent, 24 percent) and maximum dose (100 percent, 100 percent) of PRN within 24 hours, documentation of indication (100 percent, 96 percent).

Conclusion. The findings of this audit and recommendations after the first cycle of audit contribute to enhancing quality of PRN medication prescription practice in acute inpatient mental health services for health care professionals. Addressing potential areas of prescription, administration, and review and providing valuable recommendations and insight for improvement of patient safety and best clinical practice.

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Audit for Patients Who Are Discharged on Community Treatment order (CTO) in North East Part of Essex: Exploring the Section Paperwork and the Readmissions in 2 Year Period

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