- 25% were prescribed a trial dose of non-benzodiazepine hypnotic medication (n=2).
- 25% % were prescribed regular non-benzodiazepine hypnotic medication with no trial dose (n=3).
- 50% were prescribed alternative sedative medication for insomnia (n=4).

**Conclusion.** Commonly, patients were not provided with sleep hygiene advice. The patients who were prescribed non-benzodiazepine hypnotic medication were often not prescribed a trial dose. Half of the patients were prescribed an alternative to a non-benzodiazepine hypnotic medication.

- Interventions will include:

Creation of a sleep hygiene information leaflet to provide to inpatients, medical and nursing staff.

- Presentation of data to medical and nursing staff.
- Ensuring guidelines are available to all medical and nursing staff in the ward environment.
- The audit will be repeated in six months after the interventions.



## Assessing Recording of Allergy Status on Rio Amongst Patients in Sandwell CAMHS

Dr Nwaife Akhator-Eneka[1] and Dr Olufikunayo Maanuwa[2]*

[1]Birmingham Women and Children Hospital, Birmingham, United Kingdom and [2]Black Country Healthcare NHS Foundation Trust, West Bromwich, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.444

**Aims.** To assess recording of allergy status for patients under the care of Sandwell CAMHS
**Methods.** This audit was performed at Sandwell CAMHS. The project was discussed and logged with the Trust's audit department.

Medical records of all patients (516 patients) seen between January and March 2022 by the medics in Sandwell CAMHS were examined for documentation of allergy status

For all patients the alert bar on Rio was examined to determine whether or not their allergy status was recorded.

A data collection tool was devised to collect information in accordance with the standard i.e, the drug allergy recorded or not and when recorded;

- it is present
- no known allergy

where present;

- substance name
- reaction
- severity
- date recorded
- Evidence and Certainty

**Results.** For the Recording of Allergy Status on Rio, the audit revealed:

A. 60 out of the 516 patients had their allergy status recorded. Out of these 60 patients;
18 had possible allergy
42 had no known allergies
B. 456 had no recordings of allergy status
C. Those with possible Allergies;

The substance name was documented for all in Rio for those who had allergies indicated

12 of the 18 possible allergies had the allergic reaction documented

13 of the 18 possible allergies had the severity documented

3 of the 18 possible allergies had the date recorded

1 of the 18 possible allergies had evidence and certainty recorded

**Conclusion.** The audit revealed a poor recording of the allergy status

The following recommendations have been made:

Present audit at the Specialist mental health quality improvement group.

Clinicians should be made aware of the expected Nice Guidelines for documentation of allergy status.

Clinicians to update allergy status of patients every 6-12 months.

Develop an action plan and governance documentation with the specialist mental health quality improvement group.

The results of this audit have been shared with the Rio lead for them to consider making relevant changes in Rio i.e. The systems should include prompts for annual updates of allergy status.

A clear trust policy of documentation on how allergy status/ adverse effects will be should be recorded Rio.

If possible, it should be included in the junior doctors' handbook and the eLearning.

To carry out a re- audit in 6 months to 1 year



## Evaluating and Optimising the Self-Administration of Medication (SAM) in an Inpatient Psychiatric Rehabilitation Setting

Dr Cormac Maguire*

NHS Education for Scotland, Edinburgh, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.445

**Aims.** To analyse the process of self-administration of medication (SAM) in an inpatient psychiatric rehabilitation setting in order to improve the MDT awareness and engagement with the process. The project also aims to improve the level of completion of the relevant SAM documentation in the department.
**Methods.** The medication prescriptions and self-administration charts (where present) for the patients on the ward were reviewed to identify errors or omissions in completion of the documentation.

Thereafter a number of interventions were completed. This included informal education sessions and follow-up written correspondence to the relevant staff (via email and the ward handover book). The potential for SAM was additionally prompted at the weekly MDT meeting in order to identify additional suitable patients for the process.
**Results.** Three out of 18 inpatients were initially engaged to some degree with SAM at the start of the project. For the relevant patients involved, completion of attendance documentation and adherence to written instructions from 70% to 90%. Improvements in other aspects of the documentation were also observed. Following the prompted MDT discussions a further five patients were identified to commence SAM, who may

otherwise have remained on traditional nurse-led medication administration.
**Conclusion.** Engagement with SAM was initially variable and therefore was improved by targeted discussions and more MDT involvement. Documentation was identified as a potential pitfall and completion improved due to the interventions above. During the project a number of medication errors were incidentally highlighted and were reported via the DATIX tool. This demonstrates the importance of risk awareness associated with the SAM process in order to improve patient safety. There should be an MDT approach when considering patients for SAM process as this can affect discharge decisions. SAM could also be considered outwith the inpatient rehabilitation setting (e.g in General Adult Psychiatry wards). SAM is important in order to promote patient autonomy and independence in a safe manner. In the future it would be useful to explore patient attitudes towards medication self-administration in order to identify barriers to concordance.



## Evaluating the Impact of COVID-19 on the Transition From CAMHS to AMHS in ABUHB – a Retrospective Study

Miss Elise Maylor[1]*, Dr Kavitha Pasunuru[2] and Dr Andrew Todd[2]
[1]Cardiff University, Cardiff, United Kingdom and [2]Aneurin Bevan University Health Board, Newport, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.446

**Aims.** To evaluate the transitions of Aneurin Bevan University Health Board (ABUHB) Child and Adolescent Mental Health Service (CAMHS) patients to Adult Mental Health Services (AMHS) during the COVID-19 pandemic, against regional Health Board policy standards.
**Methods.** Following a review of the current ABUHB transitions policy and a focused review of the literature, relevant standards were elicited. Retrospective data of transition cases between April 2020 and March 2021 were collected using a standardised data-capture tool from CAMHS records using the EPEX system; cases were anonymised. A questionnaire was constructed and distributed by email to ABUHB CAMHS clinicians to gain further qualitative data.
**Results.** A total of 34 patients were identified as CAMHS transition cases. 3 were identified as having a transitions co-ordinator, 6 had no record of AMHS having been informed with only 1 case documenting liaison with AMHS at the 6 month mark. 20 cases showed evidence of good patient support before and after transition, and 25 showed young person involvement in decision making. 28/34 cases showed evidence of good coordination of MDTs (multi-disciplinary teams).

There were 16 responses to the staff survey. 93% of respondents were aware of the transition policy, and 68.8% of clinicians strongly agreed/agreed with "I involve young people in their decision making process". 25% of respondents strongly disagree/disagree when asked whether they work in collaboration with the AMHS. For "I believe my patients are ready to transition at the age of 18" 37.5% remained neutral.
**Conclusion.** Several of the standards outlined in the ABUHB transition policy are not being met. These include: naming a transition coordinator, informing AMHS 6 months prior to the patient turning 18, and involving the young person in the decision of transfer of care. COVID-19 has evidently impacted the transition process, but more audits must be conducted in order to compare these data to pre-pandemic times.



## Medication Initiation in Children Newly Diagnosed With ADHD, Measured Against NICE Guideline NG87

Dr Emma McWilliams* and Dr Eleni Markopoulou
Manchester University NHS Foundation Trust, Manchester, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.447

**Aims.** ADHD is a common neurodevelopmental disorder, which is usually diagnosed in childhood. The aim of this audit is to assess practitioners' compliance with NICE guideline NG87 in relation to the initial assessment and medication choice in children with ADHD (age 5 and over), prior to the commencement of ADHD medication.
**Methods.** The sample was children aged 5 years and over who have been diagnosed with ADHD and referred for medication initiation, in a Manchester CAMHS community team between May and October 2022. The audit tool used to collect the data included each of the standards and measured each individual patient's compliance. Information was collected from electronic patient records and paper notes.
**Results.** Sample size was 32 patients.

Standard One stated that 100% of patients, before starting medication, should have a full assessment, including: a review to confirm they meet the criteria for ADHD and need treatment, mental health and social circumstances including coexisting psychiatric/neurodevelopmental conditions, educational/employment circumstances, risk assessment for substance misuse and care needs. Overall compliance was 9%.

Standard 2 stated that all patients should have a physical health review including medical history, medication, height, weight and physical observations and, a cardiovascular assessment. Overall compliance was 0%.

Standard 3 stated that 100% of patients who met specified criteria should be referred for a cardiology assessment prior to starting medication. Overall compliance was 28%.

Standard 4 stated that 100% of patients who met criteria for referral to cardiology or had a co-existing condition treated with a medicine that may pose cardiac risk should have an ECG completed. Overall compliance was 75%

Standard 5 stated that 100% of patients who have a blood pressure consistently above the 95th centile for age and height should be referred to paediatric hypertension specialist. Overall compliance was 9%.

Standard 6 stated that 100% of patients should be offered methylphenidate as first line treatment for ADHD or an alternative if they cannot tolerate stimulants. Overall compliance was 100%
**Conclusion.** Three major areas of improvement were identified. Cardiovascular risk assessments are not fully compliant due to lack of cardiac examination which could affect rates of cardiology referral as referral criteria include a murmur on examination.