

cycle. Furthermore, there was almost 100% compliance in nursing/medical documentation of RT administration in patient notes, which was lacking in the previous audit.

- Psych liaison or dementia team involvement was observed in around 33% of cases in the current cycle, whereas it was not evident in the previous cycle.
- Post-sedation monitoring in line with policy was not evident in either cycle.

Conclusion. Overall, both audits highlighted consistent challenges in prescription practices and post-administration monitoring, albeit with variations in compliance levels and team involvement. Since the completion of this re-audit, a new RT policy has been approved which has much clearer guidance for the general hospital. This RT policy will be launched with a programme of teaching and training for the hospital. We aim to track progress by conducting a re-audit within 6–12 months.

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Adherence of Baseline Physical Health Monitoring for Patients Receiving Antipsychotic Medications in a Psychiatry Ward, Lahore

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Aims.

- To identify current practices regarding baseline tests monitoring for antipsychotic medications.
- To identify potential causes for not adhering to the standard guidelines.
- To ensure all the baseline tests have been documented and reviewed properly.

Methods. In a retrospective analysis, a cohort of 28 patient case notes was examined in June 2023 to assess the baseline physical health parameters within the Psychiatry department at Punjab Institute of Mental Health, Lahore, in accordance with the guidelines outlined in “The Maudsley Prescribing Guidelines in Psychiatry 13th edition.” The data was analyzed to fulfill the audit objectives, and significant trends were subsequently identified.

Results. The baseline assessments encompassed a comprehensive blood count, urea and electrolyte analysis, liver function testing, blood glucose measurement, and blood pressure monitoring, all of which were conducted in 100% of the cases. Nevertheless, electrocardiography (ECG) was only carried out in 71% of the cases prior to the initiation of antipsychotic treatment. Regrettably, there was a lack of documentation regarding baseline weight/BMI monitoring, serum prolactin level assessment, and creatinine phosphokinase level measurement.

Conclusion. The audit revealed several areas of concern that warrant immediate attention and improvement. These include:

- Protocols and Guidelines: The absence of defined protocols poses a significant challenge to maintaining consistent and standardized practices within the department.
- Awareness and Training: There is a noticeable lack of awareness among medical staff, including doctors and nurses, regarding the importance and proper procedures for baseline assessments.

- Sampling Errors: The occurrence of sampling errors during the data collection process has impacted the reliability and accuracy of the obtained results.
- Administrative Challenges: Administrative issues have been identified as a barrier to the seamless implementation of baseline assessment protocols.
- Resource Allocation: Insufficient funding for laboratory resources has hindered the comprehensive and timely conduct of essential tests.
- Test Availability: The limitations in the availability of certain required tests have impeded the thoroughness of baseline assessments for patients.

Addressing these areas of improvement is critical to enhancing the quality of care and ensuring the holistic well-being of our patients. It is imperative to implement robust protocols, enhance staff awareness and training, rectify administrative challenges, secure adequate funding for resources, and ensure the availability of essential tests. These measures will contribute to the delivery of comprehensive and effective healthcare services within the Psychiatry department at Punjab Institute of Mental Health, Lahore.

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Completion Audit of Inpatient Glasgow Anti-Psychotic Side-Effect Scale (GASS) Forms

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Aims. Side-effects are a recognised burden of all medications and are linked to poor compliance. In psychiatry, poor compliance can result in a relapse and significant deterioration in mental health. This has an impact on both the patient and the wider healthcare system. It has been speculated that if patients had more control/recognition of side-effects, compliance would increase.

GASS is a self-rating scale for side-effects of antipsychotic medication. It has the added effect of being able to stratify side-effects by their severity and biological system involved (Central Nervous System (Sedating) effects, Neurological (Movement) disorders, Anticholinergic, Gastrointestinal and Endocrine). The form consists of 22 questions with a scoring sheet attached to the reverse. Symptoms are graded by frequency and patient’s perceived burden.

The British National Formulary has ‘minimum standards’ expected. These are designed to create a standardised approach to side-effect reviewing, encouraging a proactive reviewing process. These are meant to take place: After initiation and dose titration, at 3 months and annually thereafter. The National Institute for Clinical Excellence Guideline CG178 and the Scottish Intercollegiate Guidelines Network (Guideline-131) both advocate this standardised approach with the gold standard adding a review at 1 month.

The aim for this project was to audit the current completion rate of GASS forms in inpatient wards. The secondary aim was to improve completion rates after intervention.

Methods.

1. Search case notes and extrapolate data to Microsoft excel.
2. Review data and identify challenges perceived from staff.