

handover in 19% (n = 6) of cases. Following consultation with stakeholders and consensus regarding the trial of a template for communication to the patient's community consultant, documentation improved to 75% (n = 6).

Conclusion. All patients in this study who were initiated or maintained on lithium received serum monitoring as inpatients in accordance with NICE guidelines. The introduction of small-scale improvements with a standardised template has been effective, significantly improving discharge communication with community colleagues for patients on lithium. Further research is necessary to elucidate the impact of these changes on patient care in the community by gathering feedback from a diverse group of community colleagues.

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An Audit of Antidepressant Prescribing in a Single-Centre Child and Adolescent Mental Health Service (CAMHS)

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Aims. The audit aims to check compliance of prescribers to the following National Institute of Clinical Excellence (NICE) guidelines:

- NG134, CG31: Antidepressants are prescribed in conjunction with psychological therapy.
- NG134: A risk-benefit discussion took place.
- NG134: Written information was given.
- NG134, CG31: First-line medication was prescribed in the first instance.
- NG134: An off-licence medication is only prescribed after a review.
- NG134: A consent form is signed if an off-licence is prescribed.

Methods. All patients under CAMHS and receiving antidepressant therapy was considered. People on the caseload currently an inpatient were excluded. The audit was performed in October 2023. 86 eligible patients were randomised; 30 were selected for case review. Clinic letters and internal case notes were reviewed to check compliance.

Results. Areas of good compliance: antidepressants prescribed with psychological therapy, risk-benefit discussions took place, first-line medications prescribed in the first instance, off-licence medications prescribed only after review.

Areas of moderate compliance: written information given with prescriptions.

Areas of no compliance: consent form does not form part of standard practice or local guidelines.

Conclusion. The local CAMHS service showed good compliance to NICE guidelines around antidepressant prescribing. Presentation to the local team is required to remind clinicians of the need to document parts of the consultation such as giving written information. A discussion with the regional consultant body yielded the outcome that the service will adhere to local Trust guidelines of internal case notes documenting consent rather than a signed form. The standards for the re-audit in 6 months will reflect this.

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Audit on Decisions Relating to Cardiopulmonary Resuscitation (CPR) in 2 Older Adult Inpatient Wards

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Aims. This audit aimed to understand the practice of advance care planning with regard to cardiopulmonary resuscitation (CPR) in an older adult inpatient setting and to ultimately improve practices to conform to nationally set standards.

The aims of the audit were:

- (1) To determine the prevalence of advance care planning decisions relating to CPR in patients admitted to two older adult psychiatric wards at Thurrock Community Hospital.
- (2) To confirm that the practice of discussion and documentation of 'Do Not Attempt Cardiopulmonary Resuscitation' (DNA-CPR) decisions is consistent with current national standards.

Methods. First, we scrutinized whether the patient's preferences for CPR as a life-sustaining treatment were documented or known to the primary care physician at the time of admission, and whether there was a DNA-CPR order in place at the time of admission.

Next, we looked at whether a discussion about CPR was facilitated with the patient (or those close to the patient) during the admission, whether the patient was involved in the discussion surrounding CPR and the reasons for their exclusion (if excluded), and at what point in time during the admission this discussion was carried out and whether it was properly documented.

Finally, we assessed the level of completion of the DNA-CPR form itself.

Total sample: 38 patients.

Results. 13 out of 38 patients (34.21%) had a DNA-CPR form in place.

10 out of 13 DNA-CPR forms (76.92%) were complete in all aspects.

Discussion relating to DNA-CPR was not carried out in 29 out of 38 patients (76.32%) during their current admission.

Mental Capacity Assessments and Best Interest meetings were not documented as having been carried out as was necessary in the 4 patients (0%) who did not have a designated Lasting Power of Attorney.

Conclusion. Discussions about advance care planning and DNA-CPR were not being carried out in a timely manner as per the national guidelines.

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An Audit to Assess Compliance With DVLA Guidelines on a Mental Health Rehabilitation Unit

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Aims. Patients with serious mental disorders like psychosis may pose a significant risk to themselves and others when they drive. The DVLA has set out guidance for driving for patients with psychiatric disorders, substance use disorders, and for those taking psychotropic medications. It's good medical practice to identify risks associated with driving, discuss, advise appropriately, and document the same in the clinical notes.

To assess the compliance of the mental health professionals at Rathbone Rehabilitation Centre (RRC) with DVLA guidelines regarding patients about driving restrictions, documenting this appropriately and to increase awareness of the DVLA guidelines.

Methods. Data of all the discharged patients from RRC over a 12-month period was collected following a standardised process and assessed for 6 parameters.

A total of 51 discharges were identified and audited against the DVLA guidelines.

Results. 51 (100%) patients had a mental health diagnosis documented on patient electronic records (Rio).

9 (18%) of patients had their driving status documented. 42 (82%) did not.

Of the 9 patients whose driving status was recorded, 6 did not drive and are thus labelled not applicable for subsequent criteria. The type of vehicle driven was not documented in any of the cases and therefore was 0%.

Of the 3 patients who drive, 2 (67%) had been informed that their condition may affect their ability to drive.

67% had documented evidence of receiving advice on driving restrictions.

67% had documented evidence that the practitioner has informed the patient that they have a legal duty to inform the DVLA about their condition.

Conclusion. An action plan was designed to improve compliance with DVLA guidelines for practitioners managing inpatients.

- On admission all patients should be asked for their driving status and the result documented on Rio. This could be done on the clerking admissions proforma on Rio.
- For all patients that do drive, the types of vehicles they drive should be documented—this can also be included in the clerking admissions proforma on Rio.
- At their first ward review/discharge meeting and whenever relevant, patients should be informed whether their condition affects their ability to drive and if so, what the restrictions are. They should be informed of the legal requirements regarding informing the DVLA and documented.
- To consider driving status when assessing risk.

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Antipsychotic Prescribing for In-Patients With Dementia at University Hospital Llandough to Look for Good Prescribing Practice in Line With NICE Guidelines

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Aims. NICE guidelines stipulate that alternative causative factors for Behavioural and Psychiatric Symptoms of Dementia (BPSD) must be considered before starting antipsychotic treatment. The symptoms of BPSD include agitation, aggression, wandering, hoarding, sexual disinhibition, shouting, repeated questioning, sleep disturbance, depression, anxiety and psychosis. Those who do develop non-cognitive symptoms or behaviours should at first be assessed to exclude alternative causes, such as physical health issues (pain/infection), side effects of medication, environmental factors, psychosocial factors, individual biography (e.g. religious beliefs) etc. Then, non-pharmacological approaches should always be used as the first line in treating behavioural problems before antipsychotics (e.g. haloperidol or risperidone) are started at a low dose and titrated up. Once these have been started, the patient should be reviewed at 6 weeks. The rationale for conducting this audit is to try and understand if the antipsychotic prescribing in the ward is in line with the NICE guidelines.

Methods. A retrospective study to compare the treatment of all the patients admitted for dementia in the Old age psychiatry wards located in University Hospital Llandough from November 2022–April 2023 with the NICE guidelines.

Results. Out of the 39 patients who met the criteria, the results indicate a predominant prevalence of Alzheimer's (46%), followed by mixed dementia (23%) and vascular dementia (21%), among the diagnosed cases. In 67% of instances, healthcare professionals have considered alternative causative factors for the observed symptoms beyond the identified dementia subtypes. In 62% of cases, patients received treatment for alternative causes, while non-pharmacological approaches were attempted in 51%. The utilization rates among patients indicate a predominant prescription of risperidone at 77%, followed by quetiapine at 31%, olanzapine at 10%, and aripiprazole at 5%. 95% of patients were commenced treatment at the lowest dose, while information for 3% (1 patient) was not available. 62% were monitored according to guidelines and 56% were reviewed every 6 weeks.

Conclusion. There is room for improvement in terms of considering other causes of behavioural symptoms, utilizing non-pharmacological approaches, and adherence to monitoring and review intervals outlined in the guidelines. These findings underscore the importance of continuous evaluation and refinement of clinical practices to enhance the overall management of BPSD in dementia patients.

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Audit of Risk Assessment Tool in Adolescent Eating Disorders

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Aims.

Aim:

To develop better prioritisation and assessment of high-risk patients.

Standard:

RCPsych Junior MARSIPAN guidelines advise that reasonable aims for a first presentation to primary care involve physical examination and referral to the appropriate CAMHS or paediatric