

overdose of illicit drugs, not with prescribed medication and one was admitted, and one felt worse, and one did not have any response.

However, 22 out of 50 patients were prescribed antipsychotic medication. 11 out of 22 patients had ECG and blood done by the Crisis Team and 4 done by other parties (hospital and primary care). 3 had recent blood tests but no ECG. 2 patients did not have physical health monitoring and the reason was not documented. 2 patients were started on antipsychotic by the Crisis Team, but the dose was not changed.

In terms of side effects, 8 out of 50 reported some side effects.

6 of them were prescribed antidepressants. They reported difficulty in sleeping and palpitations with Venlafaxine, nausea with Fluoxetine, nonspecific side effects with Citalopram, and sedation with Trazadone. 2 patients felt dizziness, diarrhoea, and muscle spasms with Mirtazapine. One patient had a metallic taste with Zopiclone. For side effects with antipsychotics, only one patient reported side effects with Olanzapine.

#### Conclusion.

- The Crisis Team is working at excellent standards on most areas of psychotropic prescribing and monitoring
- The Crisis Team needs to improve physical health monitoring of their patients.

### Clinical Audit of the Awareness of Safety Guidelines on Lithium Prescribing Within the Acute Hospital- James Cook University Hospital

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doi: 10.1192/bjo.2022.485

**Aims.** Lithium is a useful drug and is of particular benefit in patients with chronic mood disorders like bipolar affective disorder and recurrent depression. Lithium requires careful monitoring and dose adjustment for safe use due to its narrow therapeutic index and high potential for toxicity. Monitoring must carry on even when mental health patients taking Lithium are admitted to acute hospital. Therefore, the main aim of this clinical audit was to evaluate the level of awareness of the lithium safety guidance amongst medical staff working within the Acute Hospital, James Cook University Hospital. Ideally 100% of staff should have the appropriate knowledge.

**Methods.** Questionnaire consisted of 6 items which were derived from key points within the Trust guidelines for Lithium. It was designed to highlight the key points in the document and check the level of awareness of the respondents. Respondents were drawn from James Cook University Hospital and South Tees Liaison Psychiatry team. A total of 25 respondents were included in the study.

**Results.** 96% (24/25) of the respondents were aware that renal and thyroid function should be checked for patients on Lithium. 84% (21/25) were aware of the potential impact of Lithium on Kidney function (eGFR) and 68% (17/25) were aware of signs of Lithium toxicity.

60% (15/25) of acute staff were aware about referring patients with deranged Lithium levels to the Liaison Psychiatry team. 40% (10/25) were aware of the drugs that could potentially increase lithium levels like Diuretics, Non-steroidal anti-inflammatory drugs, ACE (angiotensin converting enzyme) inhibitors. Only

24% (6/25) of acute trust staff were aware about checking lithium levels on admission.

**Conclusion.** Ideally, a 100% compliance and positive response rate should be achieved as these relate to completion of expected safety checks. Lithium is a potentially high-risk drug with a narrow therapeutic index. Possibility of its acute and chronic side effects, including lithium toxicity, makes it essential to follow safety guidelines on lithium prescribing and hence ensure patient safety.

In view of this, the clinical audit results clearly show that there is significant room for improvement to achieve a 100% positive response rate for awareness of safety guidelines on Lithium prescribing.

Overall, there were an average of 57% positive responses and 42% negative responses for awareness of various aspects of the safety guidelines for Lithium.

A robust action plan which included teaching sessions on creating awareness about lithium monitoring was planned because of this audit.

### The Impact of COVID-19 on the Quality of Admission Clerkings on an Old Age Psychiatry Ward – an Audit

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doi: 10.1192/bjo.2022.486

**Aims.** On 11th February 2020 a novel coronavirus was named SARS-CoV-2, with the World Health Organisation announcing that the associated disease would be known as COVID-19. As doctors providing an inpatient psychiatric service, there were various changes in our daily practice secondary to the pandemic. These included reduced staffing levels due to illness, the need to wear personal protective equipment during all patient contact and high levels of anxiety surrounding transmission. We hypothesised that the resultant pressure on our service might impact the quality of admission clerkings to our ward, (a 17 bed functional Old Age Psychiatry ward), and therefore resolved to audit the data. We determined that “quality” of the clerking should be equated to completeness, i.e. the degree to which all desired information is included.

**Methods.** Admission clerkings to the ward are to be completed on a pro forma built within the electronic patient record system (“Paris”). This pro forma is based on guidelines for the admission of patients to psychiatric inpatient units produced by the Royal College of Psychiatrists. The standard for the audit was set as 90% compliance with each individual section of the pro forma.

All admissions across three periods were extracted from the electronic record using the inbuilt reporting function. The periods were 1st April to 1st July in 2019 (pre-pandemic, n = 15), 2020 (early pandemic, n = 29) and 2021 (late pandemic, n = 22). Data were extracted manually from each admission clerking and recording anonymously on an excel spreadsheet, with either “yes” or “no” confirming or denying compliance with each domain (e.g. presenting complaint).

**Results.** All domains showed improved compliance from 2019 to 2021 other than recording of the mental state examination which saw a 9.09% decrease (which is not statistically significant).

Comparing the pandemic years, performance was better in the early pandemic in 4 domains, better in the late pandemic in 10 domains and equal in 6 domains. 4 domains demonstrated a statistically significant improvement compared to pre-pandemic, however 9 domains still fell below the 90% standard set.

**Conclusion.** Despite the challenges posed by the COVID-19 pandemic the quality of inpatient admission clerkings has not only remained unharmed but in some domains significantly improved. Admission numbers increased during the pandemic periods, so it may represent greater familiarity with the clerking process, or perhaps a desire to make more comprehensive notes during a time of crisis. Repetition of the study post pandemic may be of value.

### Are We Following MHRA Guidance Regarding Valproate Prescription in Women of Child-Bearing Potential?

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doi: 10.1192/bjo.2022.487

**Aims.** To clarify if MHRA guidance regarding valproate prescription in women of childbearing potential is being followed by psychiatrists in Cwm Taf Morgannwg University Health Board.

**Methods.** Women of childbearing potential who were prescribed valproate for mental health conditions were identified by contacting GP practice pharmacists. The notes of these patients were reviewed to see if the ARAF (Annual Risk Acknowledgement Form) had been completed. The GP records were cross-checked to see if highly effective contraception was prescribed for women who were on valproate. The first audit was done in November 2018, while the second audit was completed in December 2020. The main intervention after the first audit was general awareness raising amongst psychiatrists in secondary care about the MHRA guidance and the need for annual reviews, through email reminders and posters. The 2020 audit gathered detailed clinical information, including the reasons for prescribing valproate and the doses prescribed.

**Results.** 2018 – out of 53 women on valproate, 1 had a completed ARAF, and 15 were on highly effective contraception.

2020 – out of 48 women on valproate, none had a completed ARAF, and 13 were on highly effective contraception.

Concerningly, only half (46%) of these women were prescribed valproate for bipolar disorder. The rest were prescribed valproate for a variety of diagnoses including schizophrenia, cyclothymia, emotionally unstable personality disorder, and complex PTSD.

**Conclusion.** Raising general awareness about MHRA guidance failed as an intervention in this audit. Hence, after the second audit, specific targeted emails are being sent to each sector's consultant psychiatrists, with a list of female patients of childbearing potential in their sector who are prescribed valproate. A valproate register was created for the Merthyr/Cynon and Rhondda/Taff Ely localities – to our knowledge, this is the first time this has been developed in Wales. The impact of these interventions is being evaluated with a third audit which is being done in March 2022. This audit cycle highlighted significant challenges in sharing information across primary and secondary care. Detailed information about patients on valproate, with information on prescribed contraception, was available only for the 2020 audit, due

to the appointment of a pharmacist working across primary and secondary care.

### Audit & Reaudit of Assessments Regarding Substance Misuse in Patients Referred to Liaison Psychiatry Service

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doi: 10.1192/bjo.2022.488

**Aims.** 1- What percentages of people presenting to general hospital that are referred to Liaison Psychiatry service have Substance misuse problems? 2- Are the assessments by Liaison Psychiatry services identifying substance misuse problems? 3- If substance misuse problem is identified then are we offering any advice/intervention/referral

**Methods.** To look at 100 consecutive assessments by using an audit proforma to capture information required to answer above questions.

**Results.** In 78% of cases there was evidence documented that the patient was asked about alcohol use. In 22% - no evidence patient was asked about alcohol use.

- 77% documentation about drug use. 23% no evidence documented that the patient was asked.
- Of those asked about their alcohol use (n = 62), a misuse problem was identified by clinicians making the assessment in 6 cases (10% of those asked).
- Of those asked about their drug use (n = 61), a misuse problem was identified by clinicians making the assessment in 8 of cases (13% of those asked).

Of those with a substance misuse problem identified (n = 15), 20% identified misuse of both alcohol and drugs, 40% identified misuse of alcohol only, and 40% identified misuse of drugs only.

- Of those with a substance misuse problem identified (n = 15), 73% were offered advice or an intervention, and 27% had no intervention documented.

**Conclusion.** Just over a fifth of patients assessed were not asked about alcohol or drug use. This has improved since August 2020 when nearly half of the patients assessed were not asked about alcohol or drug use.

- Since audit in August 2020, there has been a 21% increase in documentation of advice or intervention being offered to patients identified to have a substance misuse problem.

### Audit to Assess Melatonin Prescribing in Community CAMHS

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doi: 10.1192/bjo.2022.489

**Aims.** Disordered sleep is common, affecting 20–30% of children aged 1–5 years and often continues later into childhood. Neurodevelopmental disorders and psychiatric comorbidities pose a greater risk. The audit aimed to determine whether clinical prescribing practice of melatonin in Burlington House, Sefton CAMHS reflected current NICE recommendations. NICE suggest that first-line treatments for children with sleep problems include