

found in the assigned handover teams channel, therefore, it is possible that the handover was sent in another way, i.e. in private chat in teams or emails etc. This audit has concluded the importance of keeping handover in one assigned place, so records can be easily accessible to other team members when needed.

Recommendations were made by meeting the locality college tutor, discussion was carried around notifying all doctors in training about the importance of handover in induction meetings and reminder emails. A poster was also designed and put in doctors' on-call room.

This audit is to be repeated for monitoring purposes. with a recommendation of having senior doctors involvement in monitoring.

There have been some limitations in doing this audit, for instance, the handover for twilight shifts could have been only partial when completed and this audit did not go into details whether full handover was received from all wards or not. This audit also did not look into the quality of the handover itself – whether details are clear and information needed is provided.

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.

An Audit on Antidepressant Prescribing Practices for Children and Adolescents With Depression in Tonteg Hospital, Tonteg

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Aims: To measure the extent to which management of depression in children and adolescents compares with standard guidelines.

To enhance the quality of care and improve management practices for depression in children and adolescents.

Methods: Source of data: Electronic patient records.

Audit time frames:

Initial audit: 01/01/2017–31/01/2024.

Re-audit: 01/06/2024–31/01/2025.

Retrospective data.

Inclusion Criteria: Children and adolescents from the Taf Ely area within the Rhondda Cynon Taf Council, Wales diagnosed with depression and started on antidepressants between January 2017 and January 2025 in Tonteg Hospital were studied.

Exclusion Criteria: Patients prescribed antidepressant medication without a diagnosis of Depression.

Results: Demographics: In both the initial audit and the re-audit, females outnumbered males. The age range was 13–18 years.

Findings: In the initial audit, 82.6% (38/46) of the patients had other diagnosis (e.g., anxiety, eating disorders, PTSD). This was 54.5% (6/11) in the re-audit. There were no comorbid cases of bipolar disorder and psychosis.

Psychological therapy was provided to 63% (29/46) of patients before initiating antidepressants in the initial audit, improving to 82% (9/11) in the re-audit.

100% of the patients were prescribed a single antidepressant medication in the initial audit and re-audit. Fluoxetine and sertraline were the only prescribed antidepressants. No other psychotropic medication was prescribed.

Conclusion: The findings are not different with regards to the prevalence of depression in males compared with females. There is a higher prevalence of depression in females in both audit and re-audit.

In the re-audit, there is an 82% compliance with the latest NICE guidelines for the treatment of depression in children and adolescents. This is an improvement from the initial audit which showed a 63% compliance.

Following the initial audit, it was recommended that psychotherapy must be considered before starting any child with a diagnosis of depression on an antidepressant medication. Also, this information must be included in letters sent to the GP. These recommendations were effectively implemented, contributing to improved compliance in the re-audit.

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Enhancing Patient Safety: Audit of Medicines Reconciliation of Psychiatry Inpatients in NHS Lanarkshire 2023–24

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Aims: Medication errors at the interface of care (admission, transfer and discharge) are a leading cause of patient morbidity and mortality. For this reason, the Scottish Patient Safety Programme and National Institute for Health and Care Excellence (NICE) have highlighted the need for accurate medicines reconciliation, and set a 95% standard that all medicines should be reconciled within 24 hours of the patient's admission. This audit intended to assess quality of completion of Medicines Reconciliation forms and identify any potential barriers to completion. The objectives of this audit were to assess current adherence to local Medicines Reconciliation guidelines across General Adult Psychiatry Wards 19 and 20 in University Hospital Hairmyres (UHH) and identify any potential factors which may be contributing to Medicines Reconciliation forms not being completed appropriately.

Methods: An audit of Medicines Reconciliation form completion for admissions to Wards 19 and 20 in UHH was carried out retrospectively for all (24 no.) patients admitted from 10/11/2023–12/12/2023 using electronic case notes. Other systems, including the software for online prescribing and TrakCare were also used. Each section of the proforma was assessed and information recorded in an Excel spreadsheet as well as information about whether this was completed in the first 24 hours of admission. Following this, a summary document with the latest guidelines and the link to an e-learning module were distributed amongst the Resident Doctors, and raised at the monthly Resident Doctor's meeting. The form completion was then re-audited for patients admitted from 11/3/24–11/4/24 (34 no.).

Results: In the first cycle of the audit, only 70% of patients had their form completed within 24 hours of admission, which then improved to 100% in the second cycle. Another section with poor compliance in the first cycle was the section confirming that 2 sources of information had been used (66% completed), which also increased to 100% in the re-audit. In terms of the other parameters assessed, there were improvements in all 12 areas.

Conclusion: The audit was straightforward to carry out and yielded valuable insights to improving inpatient psychiatry care. However,