Conclusion: This audit identified suboptimal compliance with pre-RT documentation standards, particularly in relation to clinical workup and reassessment. Implementation of a structured checklist and staff education resulted in marked improvements across all measured domains. These findings suggest that focused, low-cost quality improvement interventions can significantly enhance patient safety and documentation standards in resource-limited inpatient psychiatric settings. Ongoing monitoring and periodic re-audit are recommended to sustain improvements.

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Audit of Rising Rates of Methamphetamine-Induced Psychosis (MIP): Assessment and Management in an Inpatient Addiction Ward, Allied Hospital II, Faisalabad.

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Aims: Methamphetamine-induced psychosis (MIP) is recognised in both ICD-11 and DSM-5-TR as a substance-induced psychotic disorder which is associated with severe agitation, violence risk, and medical complications. In Pakistan, MIP presentations to inpatient addiction services have increased recently, however, data on service impact and adherence to best-practice standards remain limited. This audit aims to describe monthly trends and proportions of MIP admissions among all inpatient addiction ward admissions, and to evaluate compliance with international best-practice standards for assessment and management of MIP, in order to identify areas for quality improvement.

Methods: A mixed-method clinical audit was conducted in the inpatient addiction ward at Allied Hospital II, Faisalabad. A descriptive service-activity review examined all inpatient addiction admissions over a six-month period (01 July–31 December 2025) to quantify monthly MIP admissions. Subsequently, an admission-based case-note audit assessed consecutive MIP admissions against predefined standards derived from NICE guidance, the Maudsley Prescribing Guidelines, and international recommendations. Adults (≥18 years) admitted with a clinical diagnosis of MIP were included. Admissions with primary psychotic disorders, delirium, psychosis attributable to another substance, or incomplete documentation were excluded. Data were extracted from clinical notes using a structured audit tool.

Results: During the audit period, 82 inpatient addiction admissions were recorded, of which 19 (23.2%) were for MIP. Monthly MIP admissions ranged from 2 to 4 cases, representing 18.2% to 33.3% of total admissions, indicating a sustained and clinically significant service burden. In the standards audit (n=19), documentation of stimulant use history (94.7%), temporal relationship between methamphetamine use and psychotic symptoms (89.5%), exclusion of delirium or medical causes (100%), baseline physical observations (94.7%), and mental state examination (94.7%) met audit targets. Prescribing details and adverse-effect documentation were complete in all cases (100%). Areas of lower compliance included objective toxicology confirmation (42.1%), baseline blood glucose measurement (52.6%), structured risk assessment (78.9%), documentation of de-escalation prior to medication (73.7%), medication safety checks for contraindications or interactions (78.9%), post-medication monitoring (84.2%), and timely reassessment following intervention (73.7%).

Conclusion: Methamphetamine-induced psychosis accounted for nearly one-quarter of inpatient addiction admissions over six months, highlighting a substantial and ongoing clinical burden. While core diagnostic assessment and prescribing practices were generally well documented, important gaps were identified in toxicology confirmation, metabolic screening, structured risk assessment, and post-intervention monitoring. These findings informed the development of a standardized MIP admission checklist and targeted staff education, with re-audit planned to assess the impact of these quality improvement interventions.

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Documentation Gaps in Suicide Risk Assessments: A Resident-Level Clinical Audit Using the C-SSRS Standard

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Aims: Suicide remains one of the leading causes of death worldwide. It kills over 700,000 people every year. The most crucial steps to prevent suicide throughout the world are the accurate identification and good recording of suicidal risk. The Columbia-Suicide Severity Rating Scale (C-SSRS) is a validated tool that is commonly recommended in the evaluation of suicidal thoughts and behaviors, but clinical practitioners are experiencing difficulties in practicing it in an effective way, especially in emergency departments and psychiatric clinics. The psychiatry residents are typically the first to be consulted, and they have an instrumental role in conducting and recording the suicide risk assessment. This clinical audit was to evaluate how properly the psychiatry residents documented their suicide risk assessments using the C-SSRS as a standard.

Methods: A retrospective clinical audit at the department of psychiatry was organized. The researchers examined the psychiatric records of adult patients seen by residents during a three-month period. A standardized audit checklist based on C-SSRS criteria was used to evaluate the documentation of suicidal ideation, suicidal behavior, intensity and frequency of thoughts, use of C-SSRS, risk stratification, protective factors, and safety planning. The reporting of ideation and behavior and the use of a structured tool were expected to be 100% according to compliance standards, while risk level and safety planning were expected to be 90%.

Results: A total of 118 patient charts were analyzed. Most of the notes (79.7%) indicated that the patients entertained suicidal thoughts, and only 47.5% of the notes indicated that the patients attempted suicidal behavior. Only a paltry 25.4% of the hospital records included the extent or frequency of the suicidal thoughts. The application of the Columbia-Suicide Severity Rating Scale was only documented in one case, equal to 0.8%. Almost all of the cases never provided risk level, protective factors, and safety plans, standing at 2.5%, 0.8%, and 0.8%, respectively. The lack of documentation was consistent throughout all residency training levels, and it was not an experience-based problem.

Conclusion: The audit found that the medical records of the patients were not adequate. A validated tool to evaluate suicide death risk was not utilized. There is an urgent need to train residents, adjust the suicide evaluation, and introduce the ideas of C-SSRS into electronic records and review them regularly. Recording proper notes is a vital

aspect of suicide prevention that keeps patients safe. It allows hospitals and staff to provide more effective care.

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Clinical Audit on ECG Monitoring in Patients Undergoing Amphetamine Withdrawal

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Aims: Use of amphetamines is linked to serious cardiovascular events such as tachyarrhythmias, QTc prolongation, myocardial ischemia, and even sudden death from cardiac arrest. The discontinuation of these substances will increase these risks, especially because of autonomic instability and the possibility of polypharmacy with psychotropic drugs. Although the American Heart Association (AHA) recommends using the ECG when withdrawing, there is no certainty that these procedures are followed in psychiatric withdrawal units. This audit was focused on assessing the adherence to the recommended ECG monitoring guidelines in amphetamine withdrawal inpatients and determining the gaps in the current practices that require quality improvement efforts.

Methods: A retrospective clinical audit was carried out at the Department of Psychiatry and Behavioral Sciences, Allied II Hospital, Faisalabad. A standardized checklist was used to examine the medical records of 70 inpatients admitted during a three-month time interval for amphetamine withdrawal, based on the AHA guidelines. The information was gathered, including demographic data, ECG performance, record of interpretation, repeat ECGs, and follow-up measures. The data were evaluated descriptively with Microsoft Excel, in which frequencies and percentages were computed to identify the adherence to each audit criterion.

Results: The average age of the patients was 30.3 years (9.6), and the majority were males (97.1%). Even though all the patients confirmed taking amphetamine, only 7.1% of the patients were subjected to a baseline ECG at admission. Worryingly, none had recorded the results of ECG interpretations and QTc measurements. In addition, no repeat ECG checks or cardiac laboratory assessments were done, including the 37.1% of the patients who complained of cardiovascular symptoms. The compliance with AHA standards of monitoring was generally of low quality, which points to deep-seated flaws in the cardiac safety monitoring.

Conclusion: This audit has shown that there is a distressing absence of ECG checks and recording in the treatment of amphetamine withdrawal. In order to improve patient safety, it is important to introduce mandatory baseline ECG policies and staff education on the need to monitor and incorporate ECG prompts into admission workflows. It is highly advisable that a follow-up re-audit be done between 6 and 12 months after these corrective measures are put in place in order to determine how much compliance and patient outcomes have improved. With these efforts, it will be possible to protect the cardiovascular health of patients with amphetamine withdrawal symptoms in an effective way.

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Evaluating EEG Utilisation and Diagnostic Yield in a Psychiatry-Led Service: An Audit From a Low- and Middle-Income Country

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Aims: Electroencephalography (EEG) is frequently used within psychiatric services to support diagnostic clarification in presentations such as first-episode psychosis, suspected seizure disorders, dissociative episodes, catatonia, and complex neurodevelopmental conditions. In many low- and middle-income countries (LMICs), EEG services are embedded within psychiatry departments and support both psychiatric and neurological referrals. This audit aimed to evaluate EEG utilisation, documentation quality, and diagnostic yield within a psychiatry-led service, benchmarked against international standards, and to identify areas for quality improvement.

Methods: A retrospective service audit was conducted of all EEGs performed between 2019 and 2024 in the Department of Psychiatry and Behavioural Sciences at Allied II Hospital, Faisalabad, Pakistan. The department provides EEG services for both psychiatric and neurological referrals. Data were extracted from the departmental EEG reporting system and analysed using Python and Microsoft Excel. Variables examined included annual EEG volumes, recording duration, wake versus sleep recordings, diagnostic outcomes, and completeness of clinical documentation. Findings were benchmarked against guidance from the International Federation of Clinical Neurophysiology (IFCN), American Clinical Neurophysiology Society (ACNS), and NICE.

Results: A total of 2,670 valid EEGs were analysed over 6 years. Annual EEG volumes remained stable, including during the Covid-19 pandemic, demonstrating sustained service delivery, with activity increasing to 503 EEGs in 2024. Overall, 13.9% (n=405) of EEGs showed abnormal findings, 85.8% (n=2,494) were normal, and 0.2% had unclear outcomes, consistent with expected diagnostic yield. Wake EEGs accounted for 69.8% of recordings, while 28.4% included sleep recordings, indicating appropriate use for paediatric and complex cases; sleep-wake state was unclear in only 1.6% (n=47). The mean EEG duration was 25.2 minutes (median 19.0 minutes, IQR 16–23 minutes) showing satisfactory adherence to standards, with some recordings below recommended minimum durations. Documentation quality was generally strong, with missing data only limited to weight 12.8%, height 4.0% and gender 0.4%

Conclusion: This audit demonstrates that EEG services delivered within a psychiatry-led department in an LMIC largely comply with international standards, with appropriate diagnostic yield and sustained utilisation over six years. Overall documentation quality was high, Identified areas for quality improvement include ensuring minimum recording durations, improving structured data entry, and refining referral practices to optimise diagnostic efficiency. An action plan has been implemented, with re-audit planned within 12–18 months to assess impact.

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