Aims: In child and adolescent psychiatry, particularly within Child and Adolescent Mental Health Services (CAMHS), monitoring the physical health of patients on ADHD medications is of paramount importance. Medications such as stimulants can have significant impacts on physiological processes, including cardiovascular health. This audit aims to assess current practices in monitoring physical parameters in children and adolescents prescribed ADHD medication at St Ann's Hospital (Haringey), identify gaps in practice, and recommend improvements based on recent research.
Methods: Study design: Retrospective audit.

Sample: Medical records of children and adolescents diagnosed with ADHD and currently on medication.

Data Collection: Frequency and documentation of weight, height, blood pressure, and heart rate measurements over the past year.

Analysis: Descriptive statistics will be used to compare current practices against established standards.

Ethical considerations: Ensured patient confidentiality throughout the audit.

Literature review.
Results: Of the 50 clients reviewed:

46 clients had their blood pressure, pulse rate, height, and weight measured at every appointment.

2 clients were referred for shared care, impacting tracking of their monitoring.

1 client's height was not checked at appointments, though other parameters were monitored.

1 client did not have blood pressure and pulse rate monitored during follow-up.
Conclusion: The audit highlighted significant adherence to monitoring standards but identified gaps in certain areas. Implementing the recommendations and maintaining a strong commitment to regular audits will enhance the quality of care provided to children and adolescents with ADHD in CAMHS. A re-audit will be planned to evaluate the impact of changes made from this audit.

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Evaluating PRN Medication Prescribing Practices in Mental Health Services: A Comparative Audit Following a Serious Incident

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doi: 10.1192/bjo.2025.10672

Aims: PRN (pro re nata) medications are widely used in mental health settings but are prone to misuse and prescribing errors. A serious incident involving a patient's death linked to excessive PRN medication supply prompted an initial audit to evaluate compliance with prescribing standards. A re-audit was conducted to assess progress and identify ongoing challenges.
Methods: Two prospective audits were conducted across an inpatient acute ward and a rehabilitation centre. The initial audit (29/07/2024–06/08/2024) and re-audit (29/01/2025–06/02/2025) reviewed medication cards, Rio (electronic patient notes) and EPMA (Electronic Prescribing and Medicines Administration) for 31 patients prescribed PRN medications. Compliance was assessed against 13 predefined standards, including generic naming, dose intervals, BNF compliance, and regular reviews.
Results: Sustained Full Compliance:

Both audits demonstrated 100% compliance in key areas: generic naming, specified administration routes, separate prescriptions for multiple routes, adherence to BNF limits, clear indications for use, and rewriting altered prescriptions.

Key Improvements:

Minimum dose interval specification improved from 64.5% to 93.5%.

Maximum dose documentation increased from 96.7% to 100%.

Regular ward round reviews rose dramatically from 3.2% to 64.5%.

Discontinuation of unused PRN medications (>1 month) improved from 0% to 22.2%.

Review of PRN medications used regularly (>72 hours) increased from 0% to 28.5%.

Documentation of regular vs. PRN use improved from 33.3% to 44.4%.

Ongoing challenges:

Review of PRN medications used regularly (>72 hours) remained low at 28.5%.

Discontinuation of unused PRN medications (>1 month) was only 22.2%.

Documentation of regular vs. PRN use remained below 50%.
Conclusion: The re-audit demonstrates significant progress in dose interval specification, maximum dose documentation, and ward round reviews. However, challenges persist in the regular review and discontinuation of PRN medications, as well as in documenting regular vs. PRN use. Continued focus on these areas is essential to ensure patient safety and adherence to best prescribing practices.

Recommendations:

Key recommendations include integrating PRN standards into doctor inductions, involving pharmacists in ward rounds, and conducting regular re-audits to monitor progress and sustain improvements. Disseminating guidelines and providing feedback to medical teams are essential steps toward achieving full compliance and enhancing patient safety.

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Audit of Electroconvulsive Therapy (ECT) Service Provision: Current Practices and Adherence to Guidelines at Punjab Institute of Mental Health, Lahore, Pakistan

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doi: 10.1192/bjo.2025.10673

Aims: Our audit aimed to assess the quality of care received by patients undergoing Electroconvulsive Therapy (ECT) treatment in one of the largest psychiatric hospitals in Pakistan. The current practices regarding the consent process, recording of vitals during ECT, and monitoring of clinical response and cognitive side effects were assessed. Adherence to guidelines set forth by the Royal College of Psychiatrists was examined.
Methods: In a retrospective analysis, a record of 31 patients who received ECT treatment between April 2024 and September 2024 was examined.

The aspects of consent process reviewed were: