service collaboration between GPs, community mental health services, and crisis teams for seamless care coordination. Address systemic resource gaps like staffing and waiting lists.

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Evaluating the Impact of Electronic Prescribing on Medication Administration

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doi: 10.1192/bjo.2025.10633

Aims: With the introduction of electronic prescribing (EP) to an older adult inpatient psychiatric ward after many years of paper charts, it was anticipated that unfamiliarity with the system would disrupt medication administration. This study sought to quantify that. The measure of disruption was defined as the deviation between the time of prescribed administration and the time medication was actually given.

Methods: A sample of ten patients was analysed across four dates. The first day of using EP was explored, followed by the final weekday of this week. The remaining dates were at week three and five of use. Data collected included the total number of drugs, doses and any deviation in the time administered from the time in the prescription (a delayed administration was recorded as a positive figure, and a premature administration was recorded as a negative figure, both in minutes). Using the time taken per dose and number of doses, the average time taken per patient was calculated for each date. This considered any changes made to treatment regimes, focussing primarily on timing of medication administration per dose.

Results: On the first day of using EP, a mean deviation of +10.6-minutes was seen across all patients (i.e. delay). By the end of week one, this dropped to a −11.5-minute deviation from the prescribed time (i.e. administered earlier). At week three, the mean was −9.7-minutes. By week five that fell to −5.3-minutes. The first day of using EP showed the longest mean delay seen for a single patient at 28.2 minutes. This dropped to 15 minutes by the end of the week, and further to 13.1 minutes at week three. The highest mean delay in a single patient however increased to 21.7 minutes by week five. In terms of individual doses, the number administered earlier than their prescribed time was lowest with initial use of EP, at 32 doses. By the end of the week, this more than doubled (75). The increased number of premature administrations dropped slightly in week three to 71 doses. At week five, it further fell to 66 doses.

Conclusion: There is no consistent evidence to suggest that the introduction of EP produces a sustained impact on the administration of medications. An understandable impact was noted on day one, however subsequent dates do not suggest any ongoing pattern. There is also no evidence to suggest that continued use improved adherence to prescribed times thereafter, with significant variability persisting.

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Evaluating Winter Vitamin D Supplementation and Deficiency in a Tier 4 CAMHS in Patient Unit: A Three-Cycle Audit

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doi: 10.1192/bjo.2025.10634

Aims: Vitamin D is an essential nutrient for adolescents, playing a crucial role in bone health, immune function, and neurodevelopment. Its synthesis is highly seasonal, with production significantly reduced during the winter months due to limited sunlight exposure. This effect is further exacerbated in CAMHS inpatients, who may spend extended periods indoors with even less access to natural light. Recognising this, the National Institute for Health and Care Excellence (NICE) recommends vitamin D supplementation for at-risk groups, including those with restricted sun exposure. Given the high prevalence of vitamin D deficiency among adolescents with mental health conditions, all CAMHS inpatients should be offered maintenance vitamin D supplementation from November to March. This audit aimed to assess compliance with this standard on a Tier 4 inpatient unit.

Methods: A three-cycle audit conducted monthly from November to February, assessing vitamin D prescription rates and serum levels in CAMHS patients. Data was collected through single-point reviews to evaluate prescribing trends and deficiency management. Interventions included 1:1 psychoeducation from a doctor and a poster in the clinic room promoting opportunistic serum vitamin D testing and supplementation.

Results: The audit results show a substantial improvement in vitamin D prescribing over three cycles. Initially, only 1 out of 10 inpatients received supplementation (18/11/2024). By the second cycle (06/01/2025), this increased to 9 out of 11 patients, with a notable rise in prophylactic prescriptions (7 patients). By the third cycle (05/02/2025), the prescribing rate remained high (9 out of 10 patients), with 7 receiving prophylaxis and 2 on treatment doses.

Regarding vitamin D level monitoring, the number of patients with levels checked within the past three months remained consistent at 5 across all three cycles. However, the number of patients without recent vitamin D levels fluctuated, increasing to 6 in January before returning to 5 in February. These findings highlight an improvement in prescribing practices but suggest a need for increased consistency in vitamin D level monitoring.

Conclusion: The audit showed that the 1:1 psychoeducation intervention provided the most benefit, with notable improvements from cycle 1 to cycle 2. However, increasing vitamin D testing is needed to optimise supplementation and prevent sub-therapeutic treatment in CAMHS patients, potentially shifting from opportunistic to a more proactive approach.

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