

The incorporation of guidelines into routine practice such as proformas or the pathway itself contributes to good compliance. This may be due to these standards being auditable as well as acting as prompts for staff members or even requirements for patients to proceed in the pathway.

This was also a reminder that clinical judgment may differ from guidelines; this may not necessarily be an indicator of poor practice but may result from pragmatic decision making for individual patients.

The findings were presented at a consultant meeting, the result of which was that the guidelines will be reviewed with likely inclusion of blood pressure monitoring. This is an illustration of the role of audits and quality improvement in improving standards of care.

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.

Mental Health Triage Form Use in Emergency Department Clerking – Audit at Royal Cornwall Hospital

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doi: 10.1192/bjo.2023.463

Aims. The aim of this audit is to assess use of the Mental Health Triage Form (MHTF) at the Royal Cornwall Hospital Emergency Department (ED), during June 2021 and to determine whether MHTF use increases rates of psychiatric-specific information being documented by ED staff. Patient attendances to Accident and Emergency (A&E) departments in the UK during 2020-21 decreased by 30.3% in comparison to 2019-20. However, attendances to A&E at the Royal Cornwall Hospital (RCH) in June 2021 increased by 51.2% compared to June 2020. Psychiatric patients accounted for 2% of attendances to A&E at RCH in June 2021. The Royal College of Emergency Medicine (RCEM) have recommended use of a mental health proforma document in line with recommendations from the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) document ‘Treat as One’. Based on these guidelines, the Psychiatric Liaison department at RCH have produced a local Mental Health Triage Form (MHTF) to be used in A&E when assessing and clerking psychiatric patients.

Methods. This was a retrospective audit of clinical records of 125 mental health cases attending the Accident & Emergency Department (A&E) at Royal Cornwall Hospital during June 2021, which were referred to Psychiatric Liaison.

NHS numbers were identified for each referral made during the study period. Each referral’s A&E clerking documents were reviewed on an online patient records system. Information was recorded on whether each question in the Mental Health Triage Form had been answered with or without use of the form.

Results. The Mental Health Triage Form (MHTF) was used in 44 out of 125 patients (35%). 15 patients (12%) had missing Accident & Emergency Department documentation on online records. Where the MHTF was used, there was a 25% average increase in information recorded. Over half of the questions on the MHTF were answered more when the form was used versus when it was not used.

Questions relating to the patients ‘Triage Code’, which are used to determine the level of observation, urgency of referral, and

appropriate place of assessment, had the highest rates of improvement using the form.

Conclusion. Overall use of the Mental Health Triage Form during June 2021 reduced to 35% in comparison to 46% use during June 2020. This implied that patients attending the Accident & Emergency Department at the Royal Cornwall Hospital with psychiatric presentations were not being assessed fully. This may be due to various reasons such as staff unfamiliarity with the triage form and increasing pressure on Emergency Department services.

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Audit on the Adherence to Guidelines for the Management of Alcohol Withdrawal Syndrome in a General Hospital

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doi: 10.1192/bjo.2023.464

Aims. Problematic drinking of alcohol is a common problem in the United Kingdom. As alcohol is a central nervous system (CNS) suppressant, when a chronic user abruptly stops drinking alcohol, the alcohol-mediated CNS inhibition is withdrawn and the glutamate-mediated CNS excitation is left unchecked leading to a total excitation of the CNS. This results in alcohol withdrawal syndrome (AWS). The aim of this audit was to assess the compliance to the health board’s policy for management of AWS available in the intranet as NU16 which was developed based on the NICE guidelines, across the wards in the General hospital. We aimed to assess compliance concerning four aspects:

1. Initial clinical and laboratory assessment
2. Prescribing for alcohol detoxification (benzodiazepines and vitamins)
3. Scoring of and adherence to CIWA-Ar
4. Specialist advice during the admission

Methods. We requested for the case records of patients admitted to the Wrexham Maelor Hospital during May 2022 with problematic alcohol consumption. We have received 56 case notes from the medical records department among which, 50 fulfilled the inclusion criteria. A case report form was prepared based on the NU16 and anonymized data were collected.

Results. Average age of the participants was 56 years ranging from 21 to 95. There were 29 males and 21 females. Mean days in the hospital was 3.25(+0.88). Only 4% of the records had complete documentation of drinking history, 84% had documentation of physical examination, and 20% had the documentation of signs of Wernicke’s encephalopathy. CIWA-Ar was applied in 44% with correct scoring only in 24%. Compliance to laboratory investigations varied from 16% for gamma glutamyl transferase (GGT) to 84% for full blood count. Benzodiazepines were prescribed for 38%, oral thiamine was prescribed for 58%, 42% had two pairs of intravenous pabrinex three times a day and 6% had received 1 pair once a day. Benzodiazepine regimen was completed in 75% and alcohol liaison opinion was obtained only in 16%

Conclusion. We could find that there were omissions in multiple areas of adherence to the guidelines in all the four domains. Alcohol