physical observations must be checked at a specified frequency and duration and recorded on the restrictive interventions monitoring form found on the RIO IT system. The monitoring at Norbury House (PICU) in Stafford (MPFT) is often incomplete. This audit evaluates the current adherence to the SOP by reviewing the monitoring of physical observations after the administration of rapid tranquillisation, identifying some of the reasons for incomplete monitoring and areas of practice that require improvement. This audit aims to demonstrate the importance of physical health monitoring and focus on improving patient safety by ensuring stricter adherence to monitoring protocols.

Methods: Data was collected between 8 September and 8 November 2024. To assess the current compliance with the SOP, data will be collected from the EPMA and RIO IT systems to check that the physical observations have been recorded at the correct frequency and duration as per SOP. To identify some of the reasons for incomplete monitoring, a Microsoft form questionnaire will be sent to staff members at Norbury to complete anonymously. The collected data will be used to identify areas of practice that require improvement.

Results: From twenty-one cases, there was one case where monitoring was completed, five cases where no monitoring or documentation was recorded, eleven cases where monitoring and documentation were recorded but not completed and four cases where monitoring and documentation were partially completed. Based on the eleven questionnaire responses, three responses outlined the SOP correctly, four were unsure, and the remaining four were incorrect. Barriers to completing monitoring included patient agitation, time restrictions, forgetting to document, no computer access and low staffing levels. Suggestions for support included education, appropriate delegation of tasks, EPMA alerts, adequate staffing levels and frequent re-auditing.

Conclusion: There is evidence that the current adherence to monitoring protocols is below the set standard. The data collected demonstrates that monitoring is often incomplete. The questionnaire responses highlighted the gaps in knowledge of the SOP and the existing barriers to completing the monitoring. Measures that could be taken may include staff education, alerts and frequent re-auditing.

Audit of Rapid Tranquillisation Prescribing and Monitoring Practices at Rohallion Medium and Low Secure Forensic Psychiatry Unit, Murray Royal Hospital, NHS Tayside

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Aims: To assess whether current prescribing and monitoring practices for oral 'as required' medications and Rapid Tranquillisation align with local and national guidelines.

To identify areas of non-compliance and enhance awareness of best practice guidance.

Methods: The audit included all patients at Rohallion Clinic, Perth, who had 'as required' medications prescribed for sedation, anxiety, agitation, or behavioural disturbance at the time of data collection. Female, child, and adolescent patients were not included, as these populations are not present in Rohallion Clinic.

Data collection: Data were collected using an audit proforma during the period between 05/03/2024 and 04/09/2024 of 47 inpatients. Patients' online drug charts and EMIS (electronic notes) were reviewed using MS Excel.

Standard:

1. 100% of patients should have a documented plan for oral and intramuscular 'as required' medication in the notes, including if more than 1 medicine is required.

2. 100% of patients should be offered oral medication, if practicable, before administration of intramuscular medication.

3. 100% of patients should have side-effects monitored within 1 hour of rapid tranquillisation. If not possible, this should be documented on the observations chart and in the notes.

Criteria:

1. Multidisciplinary teams should develop and document an individualised pharmacological strategy for using calm, relax, tranquillise or sedate patients who are at risk of violence and aggression.

2. Oral medicines should be offered first, if practicable, before intramuscular medication.

3. After rapid tranquillisation, monitor side-effects, observations, level of hydration and level of consciousness at least every hour until there are no further concerns regarding physical health.

Results: NHS Tayside's guideline on the pharmacological management of acute behavioural disturbance was updated in Oct 2024.

Total 81% (38) patients had 'as required' medicines prescribed on the drug chart.

Lorazepam was prescribed most frequently. This is in line with NHS Tayside guidelines which consider lorazepam the first strategy for management of acute behavioral disturbance.

63% (24)of patients (who were on 'as required" medications) had a documented plan.

Standard 1 is not met.

The reasons for administering intramuscular as-required medications, along with documentation of side effect monitoring and observations, including any reasons for omissions, were recorded in electronic notes 25.42% of the time.

Therefore, standard 2 and standard 3 are not met.

Conclusion: One area identified as compliant with current NHS Tayside guidance is the frequency of medication administration, with most medicines prescribed every 4 hours.

Our data shows that lorazepam, promethazine, and haloperidol are the most commonly used medications, with fewer newer medications being prescribed.

Standards 1, 2, and 3 are not met.

Action plan:

Collaborate with the clinical team and pharmacist to improve the accuracy and completeness of documentation related to medication administration, including consent, administration records, and observed effects.

Add additional headers to online assessment templates to support more comprehensive documentation.

Re-audit once the action plan is implemented to assess any changes.

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.