We collected the data by contacting the residential homes, carers, Collecting details from case notes, from the Staff nurse who made the protocol for their patients.

A questionnaire based on the standards mentioned above was developed and files and prn protocols were marked against these standards.

**Result.** The standards from the medical file were 100% achieved. Thus indicating the importance of the psychotropic prn medication and documentation of the same.

However, the protocol that needs to be with the patient/carers had some lacuna/deficits. Overall only in 53% of the case, standards were achieved. This needs to be highlighted to the team.

The Audit gave an insight into what needs to be improved.

**THE FOLLOWING AREAS NEEDED IMPROVEMENT**

1. There should be a prn protocol/ similar instruction to the staff about the use of prn medication (written by appropriately trained professional)
2. Prn protocol should be accessible to direct care staff
3. There should be a description of when to use the prn medication
4. There should be a description of what non-pharmacological de-escalation methods ought to be tried before using prn/ is there a detailed behaviour support plan available
5. Protocol should describe what the medication is expected to do
6. Protocol should describe the minimum time between doses if the first dose has not worked
7. Protocol should state the maximum dose in 24 hour period
8. Use of prn should be recorded

**Conclusion.** I hope this audit will help in improving the patient care with the right psychotropic prn medication, with correct doses and further details as mentioned in the standards of the protocol.

We also hope to ensure that in our area, prn psychotropic medication used for agitation and behavioural disturbance is used safely, appropriately and consistently by staff teams. This would be in accordance with the guidelines.

### Psychotropic prescribing practices in adults with intellectual disability and autism spectrum disorder in Richmond Neurodevelopmental Services

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**Aims.** Our aim was to evaluate psychotropic prescribing practices in adults with intellectual disability (ID) and autism spectrum disorder (ASD) across the Richmond Neurodevelopmental Service (NDS).

Stopping over-medication of people with a learning disability, autism or both with psychotropics (STOMP) aims to reduce the potential harm of inappropriate use of psychotropic medications. We aimed to evaluate our prescribing practices in keeping with STOMP and the NICE guidelines.

**Method.** We collected information from our clinical records on patients that met the inclusion criteria (≥18 years + diagnosis of ID and autism) from October-November 2019. We gathered the following: age, sex, severity of ID, psychiatric diagnoses, psychotropic medication, presence of challenging behaviours, involvement of other professionals and documentation of a PBS plan.

**Result.** 32 patients met our criteria (3:1 Male-Female ratio with an age range of 20-74 (Median 33 years old)). All 32 patients showed evidence of challenging behaviours. In the cohort, mild ID represented 18.8% (n = 6), moderate ID 40.6% (n = 13) and severe ID 40.6% (n = 13).

17 patients (53%) had a PBS plan in place. For those without a PBS plan (47%, n = 15), a referral to behavioural analysis had been considered/requested in 67% (n = 10).

31 patients were on psychotropic medication and 84% (n = 26) had an indication documented in the notes although every patient had had a medication review in the last 6 months. 67.7% (n = 21) of the prescriptions were for challenging behaviours.

The average number of medications prescribed was 2 (median 2, mean 2.41) but this was reduced to 1 (median 1, mean 1.76) when additional psychiatric diagnoses and epilepsy were excluded.

**Conclusion.** Prescriptions are regularly reviewed in keeping with STOMP guidance but there is more scope for utilising behaviour analysis input as well as the need to improve documentation of the rationale for psychotropic medications.