

on clinical management”, which advises services should be “offering all opiate users in the community access to a take-home supply of naloxone with instructions on its use”.

CGL is a charity which provides medical and psychosocial support for people who are affected by alcohol and drugs. As of January 2025, they prescribe Opiate Substitute Treatment (OST), typically a formulation of methadone or buprenorphine, to 748 clients in East Sussex. Naloxone is an opioid antagonist which can reverse the effects of opiate overdose, and is offered to service users to reduce mortality from overdose.

Methods: It was recorded for each of the 748 clients whether they had been offered naloxone and training, and whether they had accepted. The data were collected from the CGL County-wide Opiate report in January 2025, and cross-referenced with a manual review of notes on Criis, the electronic clinical notes platform used by CGL.

Results: Of the 748 clients prescribed OST, 65 total clients did not have naloxone (8.7%), while 60 had expired naloxone. 54 clients did not have naloxone documented in the opiate report, but on a manual review of notes it was confirmed to have been given, but the dispensing form had not been completed on Criis. Of the 65 clients without naloxone, 100% had been offered naloxone and had declined.

Conclusion: The manual review of notes showed that naloxone uptake was better than the opiate report suggested, due to a lack of coding. Most commonly, this was a result of clients already having naloxone from another service or from earlier course of treatment. A potential barrier is the data entry required – if a client was dispensed from another location, it must also be confirmed by the keyworker and manually entered into a form on Criis.

The keyworkers of those clients with expired naloxone were informed, to arrange suitable follow-up.

The most common reason for declining naloxone was that the client was no longer injecting, and had no contacts who used opiates (57%). Also mentioned was the stigma of carrying naloxone, and the fear that others would assume they had relapsed.

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.

Audit of Quality and Effectiveness of Clinical Note Entries on a Women’s Low/Medium Secure Forensic Psychiatry Inpatient Unit

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Aims: This audit aims to assess adherence to the ‘CRAMS’ criteria in clinical records for patients on a blended low/medium secure women’s forensic ward. In response to feedback from a CQC Mental Health Act Review that some daily entries in patient notes included insufficient detail to properly inform decisions on care (particularly with regard to qualitative information regarding leave), the service adopted the CRAMS criteria for these entries, which specify that information on 11 points relating to care plan, risk, activity, mental state, and Section 17 leave should be included.

Methods: Data were collected from daily electronic patient record entries for ten randomly selected patients on two different weeks – in total 140 entries were examined in this initial sample. Each of these entries was assessed to determine if it contained each of the 11 aspects of the CRAMS criteria.

Following the initial data collection, findings were disseminated and discussed with the team, an information sheet was produced, and CRAMS was discussed at daily team huddles with the aim of improving adherence. A further sample of 140 records was examined a year following the initial cycle, using the same methodology.

Results: The initial cycle of the audit found that from the 140 clinical note entries that were examined, a total of 814/1540 (52.9%) of CRAMS criteria were met. This included:

212/420 (50.5%) criteria pertaining to care planning.

99/140 (70.7%) criteria pertaining to risk.

153/280 (54.6%) criteria pertaining to activity undertaken.

209/420 (49.8%) criteria pertaining to mental state.

141/280 (50.3%) criteria pertaining to S17 leave.

The second cycle of the audit found that a total of 1120/1540 (71.6%) of CRAMS criteria were met. This included:

305/420 (72.6%) criteria pertaining to care planning.

105/140 (75.0%) criteria pertaining to risk.

198/280 (70.7%) criteria pertaining to activity undertaken.

296/420 (70.5%) criteria pertaining to mental state.

198/280 (70.7%) criteria pertaining to S17 leave.

Conclusion: The audit showed a significant improvement in adherence to the CRAMS criteria following the action plan enacted following the initial cycle. However, there were still numerous entries in which the full CRAMS criteria were not met. The ward team continues to discuss CRAMS as part of morning briefings to sustain and build upon this improvement, and the adoption of an electronic template to help further build on this once the Trust moves to a new electronic patient record system has been discussed.

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Availability of First-line Therapies for Termination of Status Epilepticus on the General Adult, Old Age and Forensic Wards at Woodland View Hospital

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Aims: To ensure adequate availability and stocking of benzodiazepines on the wards for management of status epilepticus.

To ensure ward staff can locate treatment for status epilepticus during a medical emergency.

To ensure current ward staff are up to date with local ALS guidelines on status epilepticus.

Methods: Three general adult wards, two old age wards, and one intensive psychiatric care unit were audited. Two cardiac arrest packs were also audited as these are part of the cardiac arrest team protocol in Woodland View Hospital. Ward and pack audits occurred at random, and wards were not informed prior. Each ward was checked for medication availability, dosage available and expiration date.

Benzodiazepines were checked for as per the ALS guidelines; this included lorazepam, diazepam, and midazolam. These preparations were intravenous lorazepam 2–4 mg, rectal diazepam 10 mg, and buccal midazolam 10 mg.

Following the first cycle of data collection, a questionnaire was distributed to the ward team to identify gaps in ward knowledge of benzodiazepine location on the ward and status epilepticus management.