often daily weights are documented in AHF inpatients. We also wanted to explore whether prescribing daily weights is associated with higher documentation rates. Method: A retrospective analysis of 55 inpatients referred to the AHF specialist team between 1st November and 31st December 2021 was performed. Patients were required to fit stringent inclusion and exclusion criteria. For each patient, we recorded the total length of stay in days and the number of daily weights documented. As part of the secondary analysis, we hypothesised that patients with ‘daily weights’ written on the drug chart would have higher documentation rates. Therefore, we also recorded if patients had ‘daily weights’ or similar prescribed. Documentation rates were compared, between patients prescribed daily weights on the drug chart and those who were not, with an unpaired T-test. Results: There were 32 patients who met our criteria. On average, weights were recorded only 46% of admission days [Figure 1]. Prescribing ‘daily weights’ was associated with significantly higher documentation rates (83% vs 46%, p<0.05), however only 25% of patients had these prescribed [Figure 2]. Daily weights may not always be prioritised in busy departments, can be missed in handovers and when patients are moved downstream. Prescribing ‘daily weights’ acts as an automated reminder to healthcare staff to measure and monitor this parameter, with the added benefit of allowing easy comparison of diuretic dose and effect. Conclusion: This audit highlights the problem of inconsistent measurement and recording of daily weights. There is large scope for improving this and we have identified a novel method for addressing this. These findings will form the basis of our quality improvement project. Conflict of Interest: None.

134 UTILISATION OF SODIUM GLUCOSE TRANSPORT PROTEIN 2 (SGLT2) INHIBITOR IN PATIENTS WITH CARDIAC RESYNCHRONISATION THERAPY (CRT) DEVICE: A UK DISTRICT GENERAL HOSPITAL PERSPECTIVE

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Introduction: SGLT2 inhibitors are proven to reduce mortality and hospitalisation in heart failure patients. Dapagliflozin is the first one to be approved in the UK in February 2021 for its use in patients with heart failure. Empagliflozin is currently being reviewed to be added on the list. In local clinical practice, we rarely see patients being prescribed this medication despite its known advantages. Method: We reviewed our cohort...
of patients with CRT device who are still known to our local cardiac physiologist team, whether they are taking SGLT2 inhibitors as per January 2022.

**Results** There are 330 patients on our bi-ventricular pacing cohort. More patients are documented to have CRT-D (n=217, 66%) than CRT-P (n=113, 34%). Average age for CRT-D patients is younger (74±9) compared to CRT-P (80±11). There are 283 patients (74% male) who are still in active follow up. Of these, 21 (7%) patients are currently taking SGLT2 inhibitor. More patients are being prescribed SGLT2 inhibitor on the CRT-D group (n=19, 6.7%) compared to just 2 patients (0.7%) on the CRT-P cohort (p = 0.01). Majority of patients (n=17) are on dapagliflozin in contrast to empagliflozin (n=3).

**Conclusion** One year after SGLT2 inhibitor approval to be used in the UK, its utilisation in our cohort is still low, especially in those with CRT-P device.

**Conflict of Interest** None