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**ULTRASOUND SCANNING IN A HOSPICE SETTING – DOES IT REALLY ALTER PATIENT PATHWAYS?**

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**Introduction** Bedside ultrasound scanning in a hospice setting is a new initiative. Historically, the hospice has referred patients to the local hospital, requiring a 20 min journey accompanied by relatives or nurse and ambulance crew.

A review of patient experience, revealed that this transfer was often distressing and futile.

A donation allowed an Ultrasound Scanner to be purchased. Three hospice doctors attended accredited training with specific tuition in ascites detection and diagnostic bladder scanning.

Now all patients with possible ascites are scanned prior to drainage.

Patients with bladder problems such as anuria, oliguria, haematuria and bladder pain are also scanned.

**Aims**

To assess the clinical benefits of ultrasound scanning within our hospice. To aid clinical diagnosis, enhance experience and improve outcomes.

**Methods** A retrospective case note study of all ultrasound procedures carried out within the inpatient unit and day hospice at St Francis. The clinical indication for each scan is noted. Scan findings and the clinical outcome is noted.

**Outcomes** Patients were scanned for the following clinical indications:

1. Possible ascites.
2. Bladder problems.
3. Cholestatic jaundice
4. Training purposes.

Ascites scan assessment

Positive ascites scan= 7

Negative ascites scan= 11

Number of resulting paracentesis= 7

Bladder scan = 8

Abnormal finding noted= 2

Normal bladder noted= 6

Complications= 0

**Discussion** Bedside scans prevent distressing transfer to hospital and unnecessary procedures when time is short. Patients feel this imaging is neither intrusive nor distressing. Future developments include video linking for instant radiological opinion, a new probe to assess for deep vein thrombosis and scans at home.

**Conclusion** We have limitations with our brief training and have therefore developed links with the radiology team for feedback and support. Bedside ultrasounds are non-invasive and well tolerated, aiding diagnosis, safety and outcomes for patients with suspected ascites or bladder problems.