

emphasising a particular component of advance care planning. It has been used successfully in acute, community and residential aged care settings.

Conclusion Palliative care services need to adapt to contemporary clinical advances and incorporate such advances into the patients' advance care plans.

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ESSENTIAL ADVANCE CARE PLANNING: DEACTIVATION OF IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICDs) AT END OF LIFE

L Reymond,^{1,2} F Israel,¹ D Korczyk³ ¹Brisbane South Palliative Care Collaborative, Metro South Health, Queensland Health and Griffith University, School of Medicine, Queensland, Australia; ²Metro South Palliative Care Services, Metro South Health, Queensland Health, Queensland, Australia; ³Cardiology Department, Princess Alexandra Hospital, Metro South Health, Queensland Health, Queensland, Australia

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Background Implantable cardioverter defibrillators (ICDs) reduce mortality in patients with certain cardiac conditions and are widely used in contemporary cardiac care. Increasingly, patients with ICDs are referred to palliative care services for management either of cardiac conditions, related co-morbidities or unrelated diseases. An ICD can have the defibrillator component deactivated thus avoiding futile and painful electrical shocks to the dying patient. Developing a strategy to sensitively manage deactivation of ICDs is an essential component of contemporary end of life/advance care planning.

Aim To develop a strategy to ensure timely defibrillator deactivation in palliative patients across all environments of care.

Methods Following a literature search concerning deactivation of ICDs, issues were explored in clinical meetings and workshop sessions. Stakeholders including cardiologists/electro-physiologists, specialist palliative care clinicians, general practitioners, lawyers, ethicists and patient liaison representatives drafted the strategy.

Results The strategy was endorsed by Queensland Health, documented as a Clinical Practice Guideline and disseminated. It includes components relating to patient/relative wishes and history taking, communication between stakeholders, clinical alert notifications, procedures for emergency deactivation of devices, consent and documentation processes. Magnets for emergency use are located in palliative care units and doctors' medical bags.

Discussion This inclusive strategy has decreased the risk of futile shocks in palliative patients in part by