| 130 | ADMISSION TO INTENSIVE CARE FOR PROVISION OF END OF LIFE CARE IN AUSTRALIA AND NEW ZEALAND: DO THE PATIENTS ALL DIE? |

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Background Caring for those at the end of their lives is an increasing component of work for Intensive Care Units (ICUs). Limited research is available about patients specifically admitted to ICU with the aim of providing end of life care.

Aim To define epidemiology of patients admitted to ICU for consideration of organ donation or palliative care and identify factors associated with outcome.

Methods Retrospective analysis of data from the Australian and New Zealand Intensive Care Society Adult Patient Database between 2007 and 2011.

Results Between 2007 and 2011, there were 1428 admissions to ICU for palliative care and 343 for consideration of organ donation (0.4% of the total 445 381 ICU admissions). Mortality was 87% and 93% respectively, compared with 9% in patients admitted for active management. 122 patients were discharged home alive. Median length of ICU stay was 17 h (IQR 6–39) in the palliative care group, 24 h (IQR 14–42) in the potential organ donation group, compared with 42 h (IQR 22–86) in patients admitted for active management. The most common diagnosis was intra-cerebral haemorrhage. A diagnosis of gastrointestinal cancer (OR 12.3, 95% CI 2.3 to 62.9, p=0.002) and planned admission following elective surgery (OR 4.3, 95% CI 2.6 to 7.2), p<0.001) were independently associated with being discharged home alive.

Discussion Admission to ICU for palliative care or consideration of organ donation is uncommon and most patients die. Functional status of survivors remains unknown.

Conclusion More work is required to better identify patients who might survive, and assess needs and functional outcomes.