

137 **FROM NFR TO AND: A POSITIVE APPROACH TO END OF LIFE CARE DISCUSSIONS**

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**Background** We identified problems with paediatric end-of-life discussions, including language, content and location of documentation and information sharing with paramedics.

**Aim** To improve communication between clinical staff and between clinical staff and families about end of life care choices.

**Methods** We developed and implemented a novel approach: the Allow a Natural Death Policy and form. We collaborated with the NSW Ambulance Service to develop a system to communicate care choices to paramedics.

**Results** We audited the medical records of 43 children who died at CHW January–September, 2011. The results were:

- ▶ 15 (35%) did not have any information about end of life care choices
- ▶ 28 (65%) had end of life care choices documented

Where no End of Life Care choices were documented:

- ▶ 10 (66%) were Coroners cases
- ▶ 8 (53%) had an admission of  $\leq 1$  day
- ▶ 8 (53%) died in PICU
- ▶ 6 (40%) died in Emergency Department
- ▶ 1 (7%) died in an inpatient ward

Compliance with completing the AND was high, with the following sections completed 100%:

- ▶ Patient ID sticker
- ▶ FACS information
- ▶ Interpreter information
- ▶ Goals of care
- ▶ Response section
- ▶ Standing order section
- ▶ Medical Officer details

Paramedic data is yet to be audited.

**Discussion** This project was well received by clinicians, paramedics and families. The audit demonstrated successful implementation.

**Conclusion** Focussing on the positive choices for care, rather than the withdrawal of care, has made difficult discussions easier and junior staff clear guidelines.