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**INDWELLING URINARY CATHETER USE IN END OF LIFE CARE AT UNIVERSITY HOSPITALS SOUTHAMPTON NHS FOUNDATION TRUST**Naomi Farrington,<sup>1,2</sup> Alison Richardson,<sup>1,2</sup> Mandy Fader,<sup>1</sup> Jacqui Prieto<sup>1,2</sup>.<sup>1</sup>University of Southampton, Southampton, UK; <sup>2</sup>University Hospital Southampton NHS Foundation Trust

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**Background** Patients at the end of life often suffer from urinary difficulties. A systematic review (Farrington et al, in press) found minimal research to indicate how these difficulties should be managed at the end of life, representing a substantial knowledge gap.

**Aims** The audit aimed to evaluate existing catheter practice. Objectives were: to measure the prevalence of indwelling urinary catheters at the end of life; to measure the use of documentation for catheter insertion and care (as per Trust policy); and to measure the prevalence of continence screening on admission (as per Department of Health guidelines).

**Methodology** This was a retrospective examination of the case notes of 64 patients who died on two oncology wards and a hospice from 08/03/13–16/05/13. Required information was extracted and collated using a pre-prepared data collection form.

**Results** 63% of patients had an indwelling urethral catheter during their admission, most commonly inserted due to 'severe or terminal illness or disability that prevents toileting', though reasons given were often vague or contradictory. Trust documentation was present in 75% of cases where catheters were inserted. 75% of patients received a continence assessment on admission.

These were often brief, and not updated if the situation changed.

**Conclusions** It appears confusion exists over when and why catheters should be inserted or removed at the end of life. Documentation is not updated when changes in care needs occur, and requirements are not reassessed once a catheter has been inserted. This indicates a lack of knowledge or understanding about what might be the best course of action.

**Recommendations** Research is needed to explore why indwelling urinary catheters are inserted/removed at the end of life.

Education and training are required on the importance of undertaking assessment and the maintenance of written records regarding catheter insertion and care.