

P 142

THINK DELIRIUM! AN AUDIT OF ASSESSMENT OF COGNITION DURING ADMISSION TO A SCOTTISH PALLIATIVE CARE UNITKathryn Pinnell. *Strathcarron Hospice, Denny, U.K.*

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Background Delirium is prevalent in the palliative care patient group. It is associated with high morbidity and mortality rates and causes distress for patients and carers. Delirium may be reversible. Assessment and management of delirium are a priority of Healthcare Improvement Scotland.

Method A retrospective casenote review of 100 consecutive admissions to a Scottish specialist palliative care unit (SPCU) was undertaken.

Aims The audit aimed to establish whether we assess and document cognition on admission, or within 48 hours, to a SPCU. If there was a documented indicator of cognitive impairment and/or delirium, the audit reviewed whether delirium was screened for and if causes of delirium are considered and treated appropriately.

Results Seven of 100 patients admitted had a cognitive assessment performed on admission or within 48 hours. In three cognitive assessment was documented as inappropriate or unable to be done. 34 patients had a documented indicator of cognitive impairment and/or delirium on admission. 14.7% (n=5) had a cognitive assessment on admission or within the first 48 hours. None had a documented screen for delirium however 3% (n=1) had a diagnosis of delirium. 9% (n=3) had a diagnosis explaining static cognitive impairment so weren't included in further analysis. 68 % (n= 21) of the 31 patients had the clinically most obvious cause at time of admission addressed, most commonly infection or opioid toxicity, 16% (n=5) had no possible cause documented or addressed and in

16% (n=5) 3–5 possible causes were considered. None had a full assessment of all possible causes of delirium.

Conclusion Assessment of cognition and delirium screens are not done routinely on admission to our SPCU. There is scope to improve this with further education. In addition a tool will be developed and implemented to aid screening for delirium and assessment of possible causes. Re-audit is planned after implementation.