

for inpatient and outpatients over 1 year within a hospice that accessed its local hospital trust for imaging, concluded that most referrals were appropriate. Their study revealed 62 requested scans, 8 being for plain X-rays. This audit was to assess the potential need for in-house X-ray imaging at our hospice.

Aims Princess Alice Hospice has a 28 bedded inpatient unit. This prospective audit was performed on inpatients over a 6 month period in 2013 to identify cases where an X-ray was considered. It involved recording of all incidences when plain imaging was considered, X-ray type, indication, perceived level of need, appropriateness for transfer and outcome. We audited against the standard that if X-ray imaging is needed, it is performed where necessary and appropriate.

Results Our audit revealed 18 incidences in total when X-rays were considered over 6 months (11 CXRs, 3 pelvic, 1 shoulder and 3 AXRs). In 4 of the 18 (22%), it was deemed crucial to obtain and all of these patients were transferred. The remaining 14 patients were managed on the basis of clinical findings. 7 of the 18 were appropriate to transfer.

Conclusions Our results did not provide convincing evidence for access to on-site X-ray imaging. Where it is considered crucial and is appropriate, all patients are being transferred. In our inpatient population, it is often more appropriate to treat clinically. There are both advantages and disadvantages to on-site radiology access and this audit generated limited data. Further work is needed into the availability and appropriateness of imaging in the hospice setting.

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X-RAY AUDIT AT PRINCESS ALICE HOSPICE: IS THERE A ROLE FOR ON-SITE X-RAY IMAGING AT HOSPICES?

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Background A small number of hospices have access to X-ray imaging on-site. A larger number do not and when X-ray imaging is indicated, this necessitates transfer. There is little literature surrounding the use of radiology within the hospice setting. One study in Leeds which looked at requested imaging