non-cancer 10 mg; Oxycodone – cancer 20 mg, non-cancer 10 mg.

Conclusion(s) The use of CSCI is around half of that in 2008/9. Type of drugs administered was similar in both groups. Dose of opiates for non-cancer patients was lower on average.

P 002 THE USE OF MEDICATIONS IN THE LAST 24 HOURS OF LIFE IN THE ACUTE HOSPITAL SETTING—A DESCRIPTIVE COMPARISON OF CANCER AND NON CANCER PATIENTS USING DATA FROM THE NATIONAL CARE OF THE DYING AUDIT HOSPITALS —ENGLAND (NCDAH) 2013/14

K Tewani,[1] H Mulholland,[1] M Gambles,[1] D Lowe,[2] J Husk,[2] K Stewart,[2] J Ellershaw[1]. [1]*Marie Curie Palliative Care Institute Liverpool (MCPCIL), University of Liverpool;* [2]*Clinical Effectiveness and Evaluations Unit (CEEU), Royal College of Physicians (RCP)*

10.1136/bmjspcare-2014-000838.5

Introduction International consensus exists for the use of 4 key drugs pertinent to care of the dying and the use of CSCI is advocated, where appropriate, to support patient comfort. In the NCDAH 2008/09, 54% of 3,893 patients had CSCI prescribed; of these 1026 were cancer patients (67% of all cancer patients) and 1080 were non-cancer patients (46% of all non-cancer patients).

Aim(s) and method(s) Aim: to explore medications and dosages prescribed via CSCI in the last 24 hours of life for cancer and non-cancer patients.

Using clinical data from 6,580 cases (from 149 sites) reported within the NCDAH 2013/14, combinations and doses of drugs given via CSCI in the last 24 hours of life were analysed descriptively.

Results CSCI prescribed for 1,850 (28%) patients. 722 were cancer patients; 1128 were non-cancer patients (representing 46% and 22% of all cancer and non-cancer patients, respectively). Non-cancer patients were older (83 vs 74) and had recognition of 'dying' earlier (75 hours vs 62 hours prior to death). The 4 key drugs were regularly prescribed. Most (both groups) received 2 or 3 drugs; most common 2 drug combination – sedative (usually Midazolam) and opiate (usually Morphine). Median doses – Midazolam (both groups) – 10 mg over 24 hours; Opiates: Morphine – cancer 15 mg, non-cancer 10 mg; Diamorphine – cancer 12.5 mg,

BMJ Support Palliat Care: first published as 10.1136/bmjspcare-2014-000838.5 on 1 March 2015. Downloaded from http://spcare.bmj.com/ on April 9, 2024 by guest. Protected by copyright.