

51 were assessed as being chemically compatible after 48 hours at ambient temperatures (20–26°C). Midazolam appears to be drug at greatest risk of clinically significant chemical degradation. Microbiological stability was only reported for one combination.

Conclusions There is currently limited evidence for the physical, chemical and microbiological stability of solutions for continuous subcutaneous infusion over a period of 48 hours. More stability data is required before the use of 48 hour CSCIs can be evaluated for use within clinical practice.

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THE FREQUENCY AT WHICH DOSES AND DRUGS ADMINISTERED BY CSCIS ARE CHANGED: A SERVICE EVALUATION OF CLINICAL PRACTICE IN THE UNITED KINGDOM

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Background Continuous subcutaneous infusions (CSCIs) are an effective method of multiple drug administration in end of life care when the oral route is compromised.^{1,2} At present, currently available chemical and microbiological stability data limits the infusion time of a CSCI to a maximum of 24 hours.

The ability to deliver prescribed medication by a continuous subcutaneous infusion (CSCI) over 48 hours may have numerous benefits in both patient care and health service resource utilisation.

Aim To gather data regarding the most frequently prescribed CSCI drug combinations and the frequency at which CSCI prescriptions are altered.

Design Prescription details of CSCIs containing a minimum of two drugs were collected by hospital pharmacists or members of palliative care teams at 10 Acute NHS Trusts on a daily basis for a minimum of 2 days, to a maximum of 7 days.

Setting/participants Anonymised CSCI prescription data were collected from an average of 50 patients at 10 Acute NHS Trusts in the United Kingdom.

Results and Conclusion Data collection is due for completion January 2017 and results will be presented.

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STAFF EXPERIENCES OF DELIRIUM IN THE HOSPICE SETTING

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Background Delirium affects up to 88% of patients with advanced cancer and is associated with significant morbidity and mortality. Despite this it remains under recognised in hospice settings and the management is not always in line with national guidelines. This research study explores the views of staff nurses and healthcare assistants in hospices in order to identify underlying reasons for this.

Method Semi-structured qualitative interviews were conducted with registered nurses (12) and healthcare assistants (6) in three North-East England hospices. Data was analysed using interpretative phenomenological analysis.

Results The main themes to emerge were knowledge and management. Data highlight that knowledge of delirium is variable leading to uncertainty about what constitutes delirium in hospice inpatients with subsequent difficulties in management.

Subthemes in management include the emotional response evoked by caring for patients with delirium, ensuring patient safety within the hospice environment and staff perceptions about the appropriate place of care. Disparities in staff opinion are apparent between drug and non-drug approaches and there is also concern about the possible effects of medication.

Conclusion Results from three different hospices across the North East region consistently highlight similar barriers to the assessment and management of delirium. The data provides valuable insights which help to guide future staff education and multidisciplinary team working in order to improve the care of patients with delirium.

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STRIVING TO REMAIN RESPONSIVE: A RETROSPECTIVE ANALYSIS OF LONGER LENGTHS OF STAY ON AN INPATIENT PALLIATIVE CARE UNIT

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Background Current UK agendas for end of life care advocate ‘timely specialist palliative care’ and ‘effective’ hospices that are ‘responsive to people’s needs’. Hospices need to maintain capacity for admissions, whilst facing increasing demands from a rapidly growing, multimorbid, complex population. Hospices cannot afford to accommodate protracted lengths of stay. We aimed to identify patient and service factors associated with hospice in-patient longer lengths of stay (LLOS), 21 days to enhance our ability to provide quality, effective and equitable care.

Methods Mixed methods: Retrospective cohort review of all LLOS admissions in 2015, analysing sociodemographic and disease variables contrasted against a retrospective case-control analysis of admissions totalling 7–20 days. This was