was used more at Hospice 2. None of the patients received Phenobarbitone. Compliance with the audit standards was 65%–75%.

Conclusions Anxiolytic and antipsychotic medications were widely used in the last week of life, with variations in practice in terms of the drugs and doses used. Classification of the indication for use was inconsistent. Following the audit we developed a framework for use of these drugs at the end of life.

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P-13 USE OF BONE PROTECTION IN PATIENTS WITH PRIMARY INTRACRANIAL TUMOURS ON LONG TERM CORTICOSTEROIDS

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10.1136/bmjspcare-2017-00133.13

Background Long term use of corticosteroids can be associated with significant morbidity, including development of glucocorticoid-induced osteoporosis and resultant fractures, leading to increased pain and disability. There are currently no specific standards or guidelines pertaining to the use of bone protection in patients on long term corticosteroids in palliative care. However, given that a significant proportion of palliative care patients are on corticosteroids for prolonged periods, this is an area that should be explored further.

Aims

- To ascertain current use of bone protection in a palliative cohort of patients with a diagnosis of primary intracranial tumour on long term corticosteroid treatment
- To identify patients in this cohort who would likely have benefited from receiving bone protection

Standards Standards used were the American College of Rheumatology 2010 Recommendations for the Prevention and Treatment of Glucocorticoid-Induced Osteoporosis. These guidelines recommended for this cohort that patients on long term glucocorticoid treatment (dose $\geq$7.5 mg prednisolone daily for $\geq$ three months) should be on bone protection therapy (bisphosphonate).

Methodology Retrospective audit using chart review of patients with primary intracranial tumours on initial referral to Palliative Care Team.

Results Initially 39 eligible patients identified. On manual review of these charts, 32 were eligible, n=32. 37.5% were on steroids on admission, and had been on steroids for > three months on initial assessment and had greater than three months to live. 12.5% had > six months to live and were on steroids on first assessment, and 6.25% had been on >3 month course of steroids.

Conclusions 62% patients who were initially assessed by palliative care team should have been considered for bone protection therapy prior to referral. 45% of patients were not suitable for consideration for bone protection treatment. This leaves 55% which could have potentially been considered for bone protection therapy by the palliative team following initial assessment.

P-14 A RETROSPECTIVE AUDIT OF THE PRESCRIPTION AND USE OF END OF LIFE ANTICIPATORY MEDICATIONS IN A COMMUNITY SETTING

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10.1136/bmjspcare-2017-00133.14

Aims To ensure that PRN injectable medications for end of life care are prescribed safely, in a timely and appropriate manner and that the drugs are received and given in the community as required. Our intention was to ensure patient comfort and safety at the end of life; whilst providing assessment and reassurance for community teams and GPs that end of life medications are being prescribed appropriately.

Methods A retrospective snapshot audit examining 37 community deaths known to St Raphael's Hospice, between December 2015 and January 2016. Notes were accessed, results collated and analysed from online records held within the hospice.

Results Out of the 37 deaths recorded, 33 had injectable PRN medications requested. 35% of patients received medications within 24 hours of the request and 88% received them in less than two weeks. 78% of patients died within a month of PRN medications being prescribed. All patients had the correct opioids prescribed, with 43% receiving alternatives due to poor renal function. Once prescribed and received, 71% of patients used their medications within 24 hours of receiving them.

Conclusions The audit identified that the majority of patients are having their anticipatory medication prescribed appropriately prior to their death and were receiving them in a timely manner (within two weeks). However: considering that in most cases, medications were used within 24 hours, there is potential room for improvement. The process by which patients receive their PRN medication requires further investigation to identify and overcome possible problems. The audit also highlighted a number of cases of incomplete or inconsistent record keeping. This emphasised the importance of clear documentation, especially in the community, where multiple teams are involved in patients' care.

P-15 AN AUDIT OF THE STANDARD OF COMPLETION OF THE ACHIEVING PRIORITIES OF CARE (APOC) PAPERWORK – PILOT AUDIT IN THE WESSEX REGIONAL RENAL DEPARTMENT, QUEEN ALEXANDRA HOSPITAL, PORTSMOUTH

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10.1136/bmjspcare-2017-00133.15

Background In 2014, The Leadership Alliance for the Care of Dying People developed the five priorities of care for people in the last hours or days of their life. To facilitate the implementation of these priorities in Queen Alexandra Hospital, Portsmouth, a regionally created document came into use in