Conclusions Deaths from HF were usually anticipated and some provisions for EoL care were made. There is scope to improve discussions about preferences for care and involvement of Specialist Palliative Care.

Following this survey, measures to increase Palliative Care involvement with patients with HF include Palliative Medicine Consultant attendance at weekly HF multi-disciplinary meetings, education and clinic slots. Re-evaluation to assess the impact of these changes is planned.

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PROVISION OF END OF LIFE (EOL) CARE TO PATIENTS WITH HEART FAILURE (HF) IN AN ACUTE HOSPITAL TRUST

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10.1136/bmjspcare-2014-000654.193

Background Patients with Heart Failure (HF) often have palliative care needs but access to appropriate palliative and end of life care is not always achieved. Following the appointment of a hospital HF specialist nurse and Palliative Medicine Consultant, re-evaluation of clinical need and links between palliative and HF services occurred.

Aims To establish baseline documentation and provision of EoL care across the hospital trust for patients coded with a primary diagnosis of heart failure.

Results In 2012, 217 patients died within the trust with a primary diagnosis of heart failure. 70/217 notes were reviewed.

39/70 had a diagnosis of LVSD. 12 had HF with Normal Ejection Fraction. 19 had a clinical diagnosis of HF. Death was expected in 65/70 patients.

Key findings were:

1. Preferences regarding place of death were discussed in 6/65 cases.
2. Specialist Palliative Care saw 1/70 patients
3. Anticipatory medications were prescribed for some or all of the common symptoms at EoL in 45/65 patients who were expected to die. 41/45 patients received some of these medications.
4. Decisions about Cardiopulmonary Resuscitation (CPR): In the expected death group, 62/65 patients had Do Not Attempt CPR (DNACPR) decisions considered and made. These decisions were discussed with the patient and family in 14/62 cases, the patient in 8/62 and family in 32/62 cases. In the 14/52 with no discussion, no statements existed to support whether/why discussions were deemed unnecessary/inappropriate.