

recommended. Data was collected retrospectively from the patient's records regarding advice given and its documentation. 49 sets of data were analysed using an interpretive approach.

Results 100% appropriate interval and route for regular and breakthrough opioid prescribed. 88% (n=43) taking as prescribed. 78% (n=38) on correct breakthrough dose. 93% (n=46) understood breakthrough medication could be repeated after an hour if pain remained poorly controlled. 100% (n=9) opioid switch doses were accurately calculated. 89% (n=27) recorded indication for advice given in patient records. 50% (n=27) communicated written advice to GP. 86% (n=21) ensured timing maintained analgesia. Discussion The results were consistent with the aim of the audit, showing that the advice given is accurate, but that documentation and written communication to GP's is weak. A pro forma letter has been developed to assist in standardising advice.

Conclusion This audit has shown the need for clearly defined standards for documentation of rationale for advice and written communication to GPs. This is hugely relevant for community based specialist nurses who give medication advice on such a regular basis and is noted as a clinical governance issue.

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AN AUDIT OF THE ADVICE GIVEN TO GPs BY HOSPICE COMMUNITY NURSE SPECIALISTS REGARDING STEP 3 OPIOIDS

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Introduction The Gold Standards Framework state part of the nurse specialist's role is to ensure early and effective symptom control. Opioid advice is commonly given. Advice should be both correct, evidence based and documentation accurate.

Aims To establish the accuracy of advice given about step 3 opiates, noting if documentation was completed, and whether the advice was supported in writing to the prescriber.

Methods 17 CNS answered a questionnaire for every patient they visited either on or starting on opiates. First visits were excluded. Identification was made of those who had a change