

P195 **BREAKTHROUGH MEDICATION AND IMPLICATIONS FOR PRACTICE**

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10.1136/bmjspcare-2011-000105.195

Introduction An exercise which started out as an aide memoir for medication administration/ documentation was recognised and adapted to become an audit tool to measure the amount of breakthrough medications given. It was recognised that administering these medications takes a huge amount of time on a daily basis and so has other implications.

Aims The purpose of this presentation is to highlight the issues surrounding breakthrough medication needs of patients in a hospice inpatient unit. This will highlight issues surrounding symptom control, drug rounds as well as quantifying a huge part of the nursing role making it easier to measure.

Method Staff document every breakthrough drug given over a 24 period, this includes the type of drug, time given and number of inpatients. Data is divided into 4 h blocks to give a clearer picture of when breakthrough medication is needed.

Results A snapshot comparison between January 2010 and January 2011 is given. Although the results demonstrate a correlation between the number of patients and number of breakthroughs given, other patterns have emerged. Most breakthroughs consistently occurred between 10:00 and 14:00, the least between 02:00 and 06:00. Total number for January 2010 was 617, for January 2011 745. This on average equates to around 227 h of nursing time over the 2 months.

Conclusion The amount of breakthrough medications given is huge, the impact of which on patients is difficult to measure. Specific times when breakthrough needs are greater have been assessed and the morning drug round time changed. This has been helpful to quantify a complex part of the nursing role which may be helpful particularly to non-clinicians.

Recommendations Further studies are recommended to include more detailed analysis of specific data. Suggestions are specific symptoms, methods of administration, effectiveness of end of life care, prescribing and implications for staff.