

weeks of April and May 2019 and were over 18 years old were included.

Results The care after death checklist was used in 27 out of the 30 patient notes audited. There was documentation of care after death in 100% of patients using the checklist compared to 67% in the cases without using the checklist. There was superior quality of information documented when the checklist was used compared to when it was not used across multiple domains. For example, in 100% of cases where the checklist was used there was documentation of explanation of the procedure for collecting the death certificate to relatives, compared to 0% when the checklist was not used.

Conclusion The use of a standardised checklist improves the quality and breadth of documentation of care after death provided in a hospital setting.

REFERENCES

1. The Care After Death: Guidance for staff responsible for care after death, 2nd Edition. Published 2015. <https://www.hospiceuk.org/what-we-offer/clinical-and-care-support/clinical-resources>

81 USE OF STEROIDS IN PALLIATIVE CARE

Amanda Richardson, Emma McDougall, Katherine E Frew. *Northumbria Healthcare Foundation Trust*

10.1136/spcare-2020-PCC.101

Background Steroids are frequently prescribed in palliative care for several indications, often concurrently. Identifying the original indication and thus a safe withdrawal regimen is, however, not straightforward as patients transition across different clinical settings. We conducted this Quality Improvement Project to assess current practice of steroid prescribing and titration in dying patients on an NHS Palliative Care Unit in Northumbria Healthcare NHS FT.

Methods All patients who were prescribed steroids between January and April 2019 were included in the study, and followed through until discharge or death. Details of the indication, dose, and the documented plan for dose reduction and cessation were collected.

Results 43 patients were prescribed steroids: all of these were given dexamethasone. 17 patients died in the period under study; the remainder were discharged. While 48% had a plan for reduction of steroids documented, this was inconsistent and highly variable.

The mean number of days patients remained on dexamethasone was 19.2 (range 3–54 days). The most common reason for stopping steroids was patient deterioration or death (40%). 88% of patients who died, were given dexamethasone subcutaneously in the last days of life.

Discussion Steroid use can lead to significant morbidity, with adverse effects reported in up to 63% of prescriptions. Adrenal suppression can occur when steroids are used for over 3 weeks. It is critical to be able to establish the indication for and the duration of steroid use, in order to prevent unnecessary harm by the continuation of a subcutaneous injection even into the last days of life. This is the start of a plan, do, study, act cycle. The next iteration of this introduces mandatory documentation of the indication for use within electronic prescribing modules.

82 ANTICIPATORY PRESCRIBING IN COMMUNITY END OF LIFE CARE IN THE UK: A MIXED-METHODS STUDY OF HEALTHCARE PROFESSIONALS' VIEWS CONCERNING BEST PRACTICE AND AREAS IN NEED OF IMPROVEMENT

Richella Ryan, Anna Spathis, Ben Bowers, Mila Petrova, Sarah Hopkins, Tessa Morgan, Markus Schichtel, Brooke Swash, Louisa Polak, Arjun Kingdon, Stephen Barclay. *University of Cambridge*

10.1136/spcare-2020-PCC.102

Introduction Anticipatory prescribing (AP), the supply of injectable medication to a patient in advance of need, is well-established practice in the UK although there is currently limited evidence and guidance to support best practice. With a view to developing guidance, we explored the views of UK healthcare professionals (HCPs) about best practice and areas in need of improvement in AP.

Methods Two day workshops were held in London and Cambridge, attended by 89 delegates. Participants completed an initial survey and then participated in two focus groups at the end of which they wrote down 3 'top-tips' for:

1. achieving best practice and
2. areas in need of improvement concerning AP. Analysis involved descriptive statistics of survey responses and thematic analysis of free-text 'top-tips'.

Results 71/89 (80%) of participants completed the survey: 25 (35%) palliative care nurses, 24 (33%) palliative medicine consultants, 22 (30%) 'other' (GPs, community nurses, pharmacists). 76% had >10 years of experience and 75% were involved in AP a few times each week. On a rating scale of 1–5 (1=low, 5=high), 38% were confident (rating 4) that AP is done well [median: 3(IQR: 3–4)] and 20% were concerned (rating 4) about unsafe practice in AP [median=3 (IQR: 2–3)]. 89% agreed (score 4) that more guidance is needed to support AP [median=4 (IQR: 4–5)]. Top-tips for improving AP were: 1) improving communication with patients and families and between HCPs, 2) increasing out-of-hours access to medications, 3) supporting staff with training, education and guidance, and 4) reducing cross-system complexity by unifying documents and IT systems.

Conclusions There is a high demand amongst HCPs for unified guidance and documentation to support AP. A national guideline development group is being formed in response to this and at the request of NHS England. In-depth analysis of focus group transcripts is underway.

83 IT'S HIGH TIME FOR STRAIGHT ANSWERS ABOUT CANNABIS: RESULTS FROM A SURVEY OF HEALTHCARE PROFESSIONALS WORKING IN ONCOLOGY AND HAEMATOLOGY IN A UNIVERSITY HOSPITAL IN ENGLAND

Rachelle Schofield, Alice Tew, Jon Tomas. *University of Birmingham, Queen Elizabeth Hospital Birmingham*

10.1136/spcare-2020-PCC.103

Introduction Since 2018 the prescription of unlicensed cannabis-based products (CBPs) has been legal in the UK in certain indications by certain medical professionals. Despite NHS England guidance it is not generally known how often Healthcare

Professionals (HCPs) are asked about CBPs, let alone where they would direct patients to if they could not answer such queries themselves. This study describes the nature of patient requests for CBPs as well as HCPs' knowledge of CBPs and confidence in responding to such enquiries in a large teaching hospital.

Methods A bespoke 16-item survey was designed using a combination of multiple response and free text questions. The final version was reviewed by a Palliative Care Consultant and an Advanced Clinical Pharmacist. The instrument was distributed to doctors, nurses, pharmacists and allied professionals working in Oncology and Haematology in a Regional Cancer Centre over six weeks in Spring 2019. All data were anonymised. Responses were compiled and analysed using Microsoft Excel.

Results 114 completed questionnaires were returned. 49% of respondents were asked about CBPs at least monthly. Most enquiries were about both disease treatment and symptom control, especially pain (85%) and nausea (49%). 77% of HCPs agreed that it was at least somewhat a part of their role, but only 5% felt confident talking about cannabis; 94% agreed they need more support or guidance on the topic. Concerningly, 22% of all respondents, including 38% of doctors, would direct a patient to the internet for further information on medicinal cannabis.

Conclusion HCPs are asked frequently about CBPs yet they profoundly lack both knowledge and confidence when it comes to dealing with enquiries. Accordingly many patients end up being directed to the internet by HCPs for further information. There is a clear need for compulsory education and responses suggest staff would be happy to engage.

84

A QUALITATIVE STUDY OF NURSING ATTITUDES TOWARDS ADMINISTERING ANTICIPATORY MEDICATION FOR SYMPTOM CONTROL TO DYING PATIENTS IN A HOSPITAL SETTING

Fatima Shah, Fiona Dakin, Christine Hirsch, John Speakman, Jon Tomas. *University of Birmingham, University Hospital Birmingham NHS Trust*

10.1136/spcare-2020-PCC.104

Background Anticipatory medications are regularly prescribed for subcutaneous administration to patients in their last weeks or days of life in order to relieve symptoms. Once prescribed, nurses are required to use their own judgment to assess the patient's need for medication. Although there is some literature reporting nursing experience in administration of anticipatory medicines in the community, information from the acute hospital setting is less well documented. We sought to explore awareness, knowledge and confidence of hospital nurses when administering as required (PRN) medicines for symptom control to dying patients.

Methods Semi-structured interviews were undertaken with qualified nurses. Purposive sampling was used targeting wards with higher death rates. An Interview guide was developed and piloted with the specialist Supportive and Palliative Care nursing team. Ethical approval was obtained. Interviews were audio-recorded, transcribed anonymously, coded and analysed using thematic analysis.

Results Ten interviews were conducted. Interviewees had been qualified between 1 and 10 years. Three main themes emerged from the interviews: education, nursing experience,

and factors influencing nursing decision to administer PRN drugs. Newly qualified staff were less confident in administering PRN drugs, checking doses or questioning prescribing. Factors such as workload and family presence were recognised as influencing decisions to administer PRN drugs. Training, although provided regularly in the Trust, was considered difficult to access by the interviewees.

Conclusion In this large teaching hospital with a Supportive and Palliative Care team and an electronic prescribing system, although nurses interviewed were generally confident about administering PRN medication at end of life, this was dependent on their nursing experience. Most of the interviewees were able to identify the Supportive and Palliative Care team as their first point of call for advice. Further discussion with the specialist team following publication of the final report will determine how to address the identified issues.

85

AN AUDIT OF CONTINUOUS SUBCUTANEOUS SYRINGE PUMP DOSES IN ADULTS RECOGNISED AS DYING IN A DISTRICT GENERAL HOSPITAL

Clare Smith, Susan Dargan. *Ashford and St Peter's NHS Trust*

10.1136/spcare-2020-PCC.105

Introduction Symptom assessment and management is one of the key areas in NICE guidance (NG31). The Gosport enquiry shone a spotlight on the use of continuous subcutaneous syringe pumps (CSCP) in particular proportionate and appropriate use of opioids and other medications at the End of Life (EOL). In response to this report we conducted an audit of the use of CSCPs in our District General Hospital (DGH).

The audit had 2 aims;

- (1) To understand the frequency of use of CSCPs in adults recognised as dying,
- (2) To determine the average doses of medications in the last CSCP prescription prior to death.

Methods This was a retrospective audit. Data was collected alongside data collection for the National Audit of EOL Care 2019. A data collection tool was designed by the specialist palliative care team (SPCT) and results analysed in Excel. Thirty-five notes and drug charts of patients who died in April and May 2019 were reviewed.

Results 35 case notes were reviewed. The median age of patients recognised as dying was 83 years old (min 64, max 95). The 3 most common diagnoses were; cancer (24%), dementia (18%), respiratory disease (18%). Thirteen patients (37%) had a CSCP prescribed. Of these 12/13 (92%) contained an opioid; 6(50%) Morphine, 4 (33%) Alfentanil, and 2 (17%) Oxycodone. The mean subcutaneous morphine equivalent dose was 10.7 mg over 24 hours. Ten (77%) contained medication for agitation, the majority 9/10 (90%) contained Midazolam, with a mean 24 hours dose of 6.7 mg, and 6/13 (46%) contained Glycopyrronium.

Conclusion This audit shows that less than half of patients dying in hospital require a CSCP, and that average 24 hour doses were relatively low. The next step is to scrutinize the notes and symptom observations charts to determine whether objectively symptoms at the EOL were well controlled with these doses.