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CARING FOR DYING PATIENTS IN CRITICAL CARE SETTINGS: SURVEY OF PALLIATIVE CARE AND CRITICAL CARE PRACTICES AND PERSPECTIVES

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10.1136/spcare-2020-PCC.106

Background A significant proportion of hospital deaths occur in critical care settings, many have palliative care needs. Palliative care involvement is variable, and little is known about the differing perspectives and practices of palliative care (PC) and critical care (CC) professionals in caring for dying patients in this setting.

Methods This was an electronic survey developed as part of a regional guideline development process. It was distributed across North-West England via service leads for critical care and palliative care, with all professionals involved in the care of patients dying in critical care settings invited to participate February-March 2019.

Results 36 professionals from a PC background (30 providing face-to-face reviews and 6 telephone advice only) and 31 from a CC background completed the survey. Confidence in prescribing medication for common symptoms was high in both CC professionals and PC professionals providing face-to-face reviews. CC professionals reported a preference for the intravenous route for both as required (68% of respondents) and continuous infusions (58%) of symptom control medication, whilst PC professionals preferred the subcutaneous route (79% and 83% respectively). The most common reason CC professionals reported referring to palliative care was rapid discharge of dying patients (84% of respondents), whereas the most common area PC professionals reported assisting with was symptom control, both during face to face reviews (100%) and telephone advice (94%). Priorities for further education included symptom control medication (both groups), withdrawal of ventilation (PC professionals) and preparing families (CC professionals).

Conclusions Palliative care and critical care professionals report differing practices in symptom management for dying patients on critical care and differing perspectives of the role of palliative care in this setting. Understanding these practices and perspectives is valuable in developing guidelines for the management of dying patients in critical care units and identifying areas for increased education and support.

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PRIORITIES FOR FUTURE CARE: ADVANCE CARE PLANNING FOR NURSING HOME RESIDENTS

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10.1136/spcare-2020-PCC.107

Background This work was spurred following a presentation from a paramedic at the All Wales Palliative Care Conference in Gregynog in 2018, which highlighted the challenges for paramedics' making clinical decisions for nursing home residents. For a patient nearing the end of their life, transfer from a nursing home to the emergency department can be inappropriate and have undesirable consequences.

Aims

- To ensure smooth transition of care from hospice patient to nursing home resident.

- To ensure patients' wishes nursing home residents are clearly communicated.
- To reduce unnecessary medical interventions and hospital admissions.

Method Based on feedback from paramedics, a patient-specific information document titled 'Priorities for future care: Nursing Home Residents' has been implemented at the hospice. This two-page document has been completed upon discharge over a six-month period.

Results From February to July 2019 we have successfully completed the care priorities document in 92% of our discharges (n=11). Of the 11 discharges, 2 patients were re-admitted acutely and died as an inpatient. Patient feedback has been universally positive whilst for Health Care Professionals, it has been used an opportunity to re-visit and review patient wishes prior to discharge. Quantitative data and feedback from the Welsh Ambulance Service is ongoing.

Conclusion The care priorities document aims to improve confidence and communication in future decision-making for patients entering nursing home residential care. It is hoped that the results from piloting this initiative will aid in the refinement of a single, standardised form for use across Wales.

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A SURVEY OF ANTICIPATORY PRESCRIBING PRACTICES IN THE WEST MIDLANDS

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10.1136/spcare-2020-PCC.108

Background Anticipatory prescribing is considered good practice in helping to ensure patients near the end of their lives are cared for promptly and in their chosen place of care. Practice varies, need for more agreement on prescribing (accepting prescriptions must also be individualised), may be of benefit. Determining a baseline of current practice sought.

Method 12 different palliative care institutes (hospices, hospital and community teams) were approached to seek information on their guidelines for prescribing anticipatory medication. Interest in which drugs are used for what symptoms, with doses, frequency ranges and maximum doses were requested in writing. Information on use of guidance for syringe pumps and use of patient information leaflets also requested (July 2019). Institutes were selected which tend to follow regional guidelines from the Specialist Palliative care Audit & Guidelines Group (SPAGG) and those out side this group to compare practices.

Results Generally agreement on which medications to prescribe with those outside the SPAGG area offering more choice on opioids and antiemetics. Only some centres routinely suggest anticipatory medication for dyspnoea. Less agreement on frequency of prescribing; mainly prn or 1 hourly but a considerable number of centres suggesting administration less frequently. Variable agreement on recommendation on maximum dose in 24/hrs for most drugs. Small number of centres advise on anticipatory syringe pumps, only 2 have leaflets to describe anticipatory prescribing.

Conclusions Those centres outside SPAGG give a range of medications for prescribers to choose from, SPAGG guidelines are quite specific. PRN prescribing guidelines recommend that a dose, frequency and maximum dose/no of doses in 24hrs