Both areas were concerned about missed ‘clues’ from the home environment. Interestingly the nurses within the more urban, generally lower socioeconomic class area, within the Telford team, repeatedly mentioned easier, ‘less distracted’ reviews in a clinic environment.

In Conclusion nurse-led clinics may be a useful adjunct for hospices and the option does fit with individualised care. However we encountered significant difficulties with patient demographics and nurse-assessed suitability for this service.

121 ACUTE PALLIATIVE INTERVENTION (API): FACILITATING ENHANCED WORKING BETWEEN THE CRITICAL CARE OUTREACH TEAM (CCOT) AND THE HOSPITAL SPECIALIST PALLIATIVE CARE TEAM (SPCT) TO ENSURE APPROPRIATE COMFORT CARE FOR THE ACUTELY ILL

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Background Patients with life limiting illnesses commonly present to hospital acutely and are referred to the Critical Care Outreach Team (CCOT). It is frequently concluded that escalation of care is inappropriate due to the partially or completely irreversible nature of deterioration. In such cases escalation of palliative care is fundamental. We performed a retrospective service evaluation of patient outcome following critical care outreach review in patients deemed unsuitable for critical care admission and evaluated appropriateness of referral to the Specialist Palliative Care Team (SPCT).

Methods This was a two-centre study. Paper medical notes from a were reviewed. SPCT involvement was assessed for appropriateness using a conceptual framework.

Results 50 patients’ (evaluated by CCOT but unsuitable for a higher level of care between October and December 2018) notes were reviewed. 34 (68%) died and 16 (32%) were discharged. Of those who died, the median time from initial CCOT review to death was 4.5 days. 6 (12%) of patients were reviewed. SPCT involvement was assessed for appropriateness using a conceptual framework.

Conclusions CCOTs identify patients who are inappropriate for higher-level care. Most of these patients are unlikely to survive their hospital admission and the vast majority would benefit from SPCT review for appropriate symptom management and Advanced Care Planning (ACP). The term Acute Palliative Intervention (API) could be utilised to change the language and culture of care decisions.

123 IS THERE A ROLE FOR CARDIOPULMONARY RESUSCITATION IN PALLIATIVE CARE? DEVELOPING A HOSPICE APPROPRIATE SERVICE IN RESPONSE TO A PATIENT CASE

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Background Attempting cardiopulmonary resuscitation (CPR) in the hospice setting can be a divisive issue, with some arguing it should not be attempted. Within St Michael’s Hospice, we are managing an increasing number of patients earlier in their illness, when CPR may remain appropriate. Following a patient case, we reviewed our CPR service to ensure it was still meeting the needs of our patients.

Method Following the successful resuscitation of a 42-year-old patient with locally advanced pancreatic cancer after an in hospice cardiac arrest, using basic life support with automatic external defibrillation (AED), the case was brought to the monthly Significant Event Meeting (SEM). This proved a controversial case, although overall we agreed CPR was appropriate for this patient.

Results In response to the SEM, several changes were made. As part of this, a multi-professional educational