MANAGEMENT OF SEIZURES BY ACUTE HOSPITAL CLINICIANS AT THE END OF LIFE: A SERVICE EVALUATION

Jennifer Inglis-Taylor, Mark Banting. University of Southampton, University Hospital Southampton

10.1136/spcare-2020-PCC.210

Background Seizures are a distressing event, especially in patients at the end of life, when a significant proportion also lose the oral route for medications. Recently, an evaluation was done concerning medications Palliative Care physicians prescribe in these situations. This project aimed to evaluate how acute hospital clinicians manage seizures at the end of life. We also aimed to assess the knowledge of different routes of delivery for seizure medication at the end of life.

Methods Physicians within University Hospital Southampton (Stroke Medicine, Oncology and Neurology) were selected to take part in an online survey.

Results At the time of writing, there were 14 responses. Of the routes available for medication: 93% identified oral and IV, 71% Subcutaneous and Per rectum, 36% Nasogastric tube and 14% PEG, Intramuscular, Buccal and Sublingual. The most frequently used route was oral. Of medications available subcutaneously, Midazolam was identified by 57%, Levetiracetam by 29%, Phenobarbitone by 21% and Clonazepam by 7%. 71.4% said that the consciousness of the patient affected their choice of medication. 29% said they were ‘not so confident’ managing seizures at the end of life, but the rest were at least ‘confident’. 86% would instruct Palliative Care for assistance.

Discussion/Conclusion Within this population, there is good knowledge of routes to use other than oral, but low incidence of use. Few doctors could identify many drugs available subcutaneously, and many were not confident in managing active seizures towards the end of life. Most would use the level of consciousness of the patient as a guide when prescribing. It is clear that educating physicians about options when the oral route is lost would be beneficial to confidence and patient care.

192 ANTICOAGULATION IN PALLIATIVE CARE: A MULTI-SITE REGIONAL AUDIT OF CLINICAL PRACTICE

Sara McIntosh, Kat Moss, Grace Ting, Simon Roughneen, Amanda Watson, Claire Cadwallader, Jessica Dodd, Alison CoxKley, Marie Carie Hospice Liverpool, Liverpool University Hospitals NHS Foundation Trust, The Clatterbridge Cancer Centre NHS Foundation Trust, Warrington and Halton Teaching Hospitals NHS Foundation Trust

10.1136/spcare-2020-PCC.212

Background The Palliative Care population represents a heterogeneous group of patients with variable risk factors for bleeding and venous thromboembolism (VTE). Decisions about VTE treatment and primary prophylaxis can be challenging in these patients.

Aim The aim of this audit was to evaluate the management of anticoagulation in the hospice, hospital and community settings against current guidelines. The results of this audit, in addition to an extensive systematic review, informed the update of regional guidelines for the management of anticoagulation in Palliative Care Patients.

Methods A retrospective case note review was carried out across a regional palliative care network in North West England.

Results 189 patient records were analysed across 12 different sites within the region. 70% of patients were in hospice, 23% in hospital and 7% in the community. Of 89 patients on treatment dose anticoagulation, only 9% had the intended duration of anticoagulation documented. Of 60 patients on treatment dose low molecular weight heparin (LMWH), weight was documented in 63%. Renal function was documented in 88% of patients on LMWH, and in 75% of 24 patients on treatment dose direct oral anticoagulants (DOACs). 71% (66/93) had a venous thromboembolism assessment completed. Prophylactic anticoagulation was given in 43% of these 93 patients. For prophylaxis, the majority (90%) received LMWH, with the remaining 10% prescribed a DOAC. 42 patients died during the episode of care. The anticoagulation (either primary prophylaxis or treatment) was continued until death in 43% of these patients.

Conclusion Clear documentation of anticoagulation duration, and factors which influence choice of anticoagulant and dose

190 MANAGEMENT OF SEIZURES BY ACUTE HOSPITAL CLINICIANS AT THE END OF LIFE: A SERVICE EVALUATION

Jennifer Inglis-Taylor, Mark Banting. University of Southampton, University Hospital Southampton

10.1136/spcare-2020-PCC.210

Background Seizures are a distressing event, especially in patients at the end of life, when a significant proportion also lose the oral route for medications. Recently, an evaluation was done concerning medications Palliative Care physicians prescribe in these situations. This project aimed to evaluate how acute hospital clinicians manage seizures at the end of life. We also aimed to assess the knowledge of different routes of delivery for seizure medication at the end of life.

Methods Physicians within University Hospital Southampton (Stroke Medicine, Oncology and Neurology) were selected to take part in an online survey.

Results At the time of writing, there were 14 responses. Of the routes available for medication: 93% identified oral and IV, 71% Subcutaneous and Per rectum, 36% Nasogastric tube and 14% PEG, Intramuscular, Buccal and Sublingual. The most frequently used route was oral. Of medications available subcutaneously, Midazolam was identified by 57%, Levetiracetam by 29%, Phenobarbitone by 21% and Clonazepam by 7%. 71.4% said that the consciousness of the patient affected their choice of medication. 29% said they were ‘not so confident’ managing seizures at the end of life, but the rest were at least ‘confident’. 86% would contact Palliative Care for assistance.

Discussion/Conclusion Within this population, there is good knowledge of routes to use other than oral, but low incidence of use. Few doctors could identify many drugs available subcutaneously, and many were not confident in managing active seizures towards the end of life. Most would use the level of consciousness of the patient as a guide when prescribing. It is clear that educating physicians about options when the oral route is lost would be beneficial to confidence and patient care.

191 ‘IRON YOU GOING TO GIVE A BLOOD TRANSFUSION?’: ADDRESSING DEFICIENCIES IN ANAEMIA MANAGEMENT

Sophie Jones, Nicola Loveday, Matthew Curtis. Rowans Hospice

10.1136/spcare-2020-PCC.211

Background Anaemia is a common complication of advanced disease with associated symptoms having a negative impact on quality of life. A recent national hospice audit suggested a need for improvement in the management of anaemia in hospices, with a particular focus on investigation and more clear documentation of anticoagulation duration, and factors which influence choice of anticoagulant and dose.