A small percentage of patients were administered drugs from all medication groups: hospice 17%, community 13% and hospital 40%. The number of patients administered drugs from each category varied across care setting but more patients required benzodiazepines and opioids compared to anti-secretories or anti-emetics.

Conclusion The use of anticipatory medication varies across care settings. This may be related to the average complexity of patient in each care setting. Universally there are trends in which groups of medications are used more/less often with opioids and benzodiazepines more commonly administered. Limitations include missing data and only recording medication use in the last three days of life; we will collect data for the last week of life in a repeat audit. Further community data is needed to guide a regional review including number of doses required and what medications were left at home following death.

Background Octreotide is a somatostatin analogue used to reduce gastric and intestinal secretions therefore helping to improve symptoms of nausea and vomiting. There is mixed evidence for the use of octreotide however in both local guidelines and the Palliative Care Formulary it is considered second line for the treatment of vomiting and managing secretions in malignant bowel obstruction with hyoscine butylbromide as first line.

Objectives 1. To gain insight into the scale of prescribing of octreotide for inoperable malignant bowel obstruction in a tertiary cancer centre.
2. To compare the prescribing practices for octreotide in inoperable malignant bowel obstruction to those outlined in the local and national guidance.

Methods A retrospective audit of the electronic notes and online prescriptions for inpatients prescribed octreotide for inoperable malignant bowel obstruction over a one-year period. A total of 17 patients.

Audit standards:
1. The patient has been prescribed hyoscine butyl bromide prior to being prescribed octreotide
2. The patient has been started on a dose of octreotide between 300–600 mcg/24hrs
3. The patient has not been prescribed a dose of octreotide greater than 1500 mcg/24hrs
4. The patient has a clearly documented indication for the use of octreotide.

Results
- Only 41% patients had hyoscine butyl bromide prescribed prior to being prescribed octreotide.
- 100% patients received the recommended starting dose of octreotide.
- No patients received octreotide received a dose greater than 1500 mcg/24hrs.
- 71% patients had a specific indication documented in the notes.

Conclusions There are relatively few prescriptions for octreotide despite the audit data coming from a large cancer centre. Prescriptions generally follow the guidelines however documentation of indication and reason for divergence from the guideline needs improving.

Recommendations Consider using standardised documentation for when starting octreotide including indication, other medications concurrently prescribed, dietician involvement and NG tube placement.