A small percentage of patients were administered drugs from all medication groups: hospice 17%, community 13% and hospital 4%. 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.

196 A CLINICAL AUDIT OF USE OF OCTREOTIDE IN THE MANAGEMENT OF INOPERABLE MALIGNANT BOWEL OBSTRUCTION AT A LARGE CANCER CENTRE

Jennifer Palfrey, Vandana Vora. *Guy's and St Thomas' Hospital*

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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 6 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.

197 USE OF SUBCUTANEOUS FUROSEMIDE IN END STAGE HEART FAILURE: WHAT IS KNOWN IN THE LITERATURE?

Abigail Reynolds. *The Royal Wolverhampton NHS Trust*

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Aim To assess what is known in the literature regarding the use of subcutaneous furosemide in advanced heart failure, as a foundation for further research.

Background Chronic Heart Failure is a leading cause of morbidity and mortality, and a growing public health problem. If resistance to oral diuretics develops amongst those with end-stage disease, subcutaneous furosemide can be administered for symptom management in community settings, to prevent hospital admission and to honour preferred place of care and death. However, there is a lack of national consensus and use tends to occur in geographical pockets.

Method PubMed, EmCare and HDAS databases were used to look for articles with the key words 'subcutaneous furosemide', 'advanced', 'end-stage', 'heart failure', 'palliative care' and 'hospice'. The papers were thematically analysed and a report compiled.

Results 15 articles were identified through database searches, and a further 3 relevant articles through other means. Just 2 papers involved a randomised controlled trial. All studies referred to the efficacy of the drug administered parenterally and several mentioned the research gap. Other areas addressed included side effects, benefits in community settings and economic implications.

Conclusions/My research idea As further research is required, I aim to develop a research project based on gathering evidence of the experience of health professionals and the efficacy of use of subcutaneous furosemide in end stage heart failure patients locally in the West Midlands. I intend to use an online survey tool.

198 NALOXONE USE IN PATIENTS RECEIVING THERAPEUTIC OPIOIDS: ARE WE FOLLOWING THE GUIDANCE?

Paul Selway, Charlotte French. *Royal Albert Edward Infirmary, Wigan*

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Introduction There is clear guidance that naloxone should not be used for patients approaching end of life and should be used at a lower dose and with great caution in those receiving long term therapeutic opioids. After being asked to review a terminally ill patient with a reduced level of consciousness who had received boluses of naloxone and was about to be started on a naloxone infusion, we decided to examine local prescribing practice and assess whether guidelines are being adhered to.