Methods Data regarding naloxone prescribing was obtained for two three-month periods; prior to and following the introduction of a prescribing order set which included guidance on the indications for naloxone use and appropriate doses. The notes of all patients who received naloxone in each time period were reviewed; and only patients prescribed long term opioids for pain were included in the audit. Data collected included age, sex, type and dose of opioid, equivalent doses of oral morphine per day, dose of naloxone administered, stated indication for use, respiratory rate, oxygen saturations and time to death where applicable.

Results Prior to the intervention 15 patients were identified. All of these received inappropriately high doses of naloxone. Following the intervention, the number of patients reduced by more than 50% (n=7), however all patients still received inappropriate doses. Worryingly there were no patients in either time period who had documented evidence of respiratory depression; most clinicians cited reduced level of consciousness as the reason for administering the drug.

Conclusion This intervention may have reduced the number of inappropriate prescriptions of naloxone in this subset of patients. However, more education is required to improve knowledge around the appropriate use of this potentially harmful drug. Future training sessions are planned to include staff from the emergency department and acute medicine.

Conclusion This case series demonstrates the feasibility of using intravenous iron, within its product specification, to treat iron deficiency anaemia in a hospice setting. Research is required to confirm the efficacy and optimum targeting of this approach in palliative care populations.

Background/Aims Polypharmacy, which refers to taking several medications concurrently, is often appropriate for children and young people (CYP) with life-limiting conditions (LLCs) but can increase the risk of drug-drug and drug-disease interactions, medication errors and non-adherence, and cause unnecessary burden for families as they manage complex medication schedules. Despite this, little is known about polypharmacy in this population. This study aims to determine the prevalence of polypharmacy in CYP with LLCs.

Methods An observational cohort study of all CYP (age 0–19 years) with a diagnosed LLC in the Clinical Practice Research Datalink (primary care dataset in England) from 2000 to 2015 (n=15,630). Unique prescriptions were identified and common definitions of polypharmacy were used to determine the prevalence in each year for all medications and for regular medications (those with at least 3 prescriptions in a 12 month period). Regression analyses were used to explore factors associated with an increased risk of polypharmacy.

Results In each year, approximately 30% of CYP were prescribed at least 5 unique medications, and 10% were prescribed at least 10 (medium annual average = 2, range = 0–52). When limiting polypharmacy to regular medications, 29% were prescribed at least 2 medications per year, and 14% were prescribed at least 4. Children with a primary respiratory, neurological, metabolic or circulatory diagnosis were at the greatest risk of polypharmacy. Having a second LLC or other co-morbidity were also risk factors. The proportion of children exposed to polypharmacy remained similar throughout the study period.

Conclusion This ongoing study shows that CYP with LLCs are exposed to high rates of polypharmacy. Workshops with families and clinicians held as part of the study revealed that primary care data are likely to underestimate polypharmacy in this population, and allow for limited exploration of important factors that influence their exposure to inappropriate polypharmacy.

Background Xerostomia is the subjective experience of oral dryness and is reported in up to 88% of advanced cancer patients. Despite use of mouthwashes, artificial saliva and