hydration, studies reveal that xerostomia persist or deteriorate admission. Thus, newer saliva stimulating agents have become increasingly popular. XyliMelts are an example of this newer alternative.

Aims To ascertain whether using Xylimelts amongst hospice in-patients reduces the degree patients are affected by sore/dry mouth

Methods Data was collected prospective at the Marie Curie Hospice, Cardiff and Vale over a 4-month period. Patients with refractory dry mouth were identified. This was defined as failure to respond to daily use of Glandosane spray and Biotene Oral Balance Gel. Once identified, patients were asked to grade the degree they had been affected by a sore/dry mouth over the past 3 days, using IPOS scores. This score was repeated after Xylimelt use. A score of 4 reflected they were overwhelming affected by the symptom whereas a score of 1 indicated they were only slightly affected.

Results 18 patients received Xylimelts over the 4 months in our 28-bedded hospice. 93% of these patients had a cancer diagnosis. Results suggest that XyliMelt use was effective at alleviating dry mouth with a p-value of 0.007, mean IPOS score of 3.1 (pre-use) and 1.6(post-use). XyliMelt use was well tolerated with no reported adverse reactions amongst our patient group.

Conclusion Xylimelts appears to be effective and well tolerated amongst hospice in patients with refractory xerostomia.

202 AN 'AGITATION IN THE DYING PATIENT DECISION AID TOOL'

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Introduction A tool was created to guide management of terminal agitation. The patient is assessed and treated for reversible causes. If symptoms continue, patients are assessed against the modified Richmond Agitation-Sedation Scale (mRASS). This was initially developed to assess agitation in intensive care¹ but has been modified and validated for use in palliative care.² Staff then follow a flowchart for medication doses in response to recalculated mRASS scores.

Methods A retrospective audit was completed after 6 months. This included all patients who died in the hospice during July 2019. A staff survey was also circulated.

Results 21 patients died in total, of whom 16 (76%) required medicinal intervention for agitation. All patients had an assessment for reversible causes of agitation on a per shift basis. When medication was required, an appropriate low dose of benzodiazepine was used first line in 100% cases. This dose was titrated to response in 75% of cases with 1 out of 4 repeating the same dose despite failure to settle symptoms. Patients were escalated to levomepromazine in 100% of cases. Only one case may have benefitted from a higher dose of levomepromazine, but a repeated lower dose was administered. No patients required escalation to third line phenobarbitone.

Five nurses responded to the survey. 100% found the tool helpful, felt more confident in what medication to use and knew when to contact a doctor. 80% felt more confident in escalating doses with 1 saying this would improve with repeated use of the tool. 80% felt using the tool had made a positive difference for their patient, 1 patient's symptoms being more complicated to settle.

Conclusions The tool is effective in supporting management of terminal agitation and received positive feedback from staff. Appropriate escalation of doses is likely to improve with repeated use of the tool.