

There were 723 deaths between January - June 2020, compared to 1037 from January - December 2019. This predicts a higher overall number of deaths in 2020. The peak number of deaths was in April 2020 with 185 deaths compared to 90 deaths in April 2019. In April 2020 COVID accounted for 18% of deaths. The majority of COVID deaths occurred in the inpatient unit.

Conclusion This analysis has revealed that in the context of a second wave there may be increased community referrals and reduced referrals to additional services like lymphedema. Resources may need to be redeployed to where need is greatest. There were increased deaths during the peak of the pandemic, and most occurred in the inpatient unit. This may impact on bereavement services in the future.

REFERENCES

1. Etkind S. *et al*, 2020. The role and response of palliative care and hospice services in epidemics and pandemics: a rapid review to inform practice during the COVID-19 pandemic. *Journal of Pain and Symptom Management*, **6**(1), pp. e31 – e40.
2. Radbruch, L. *et al*, 2020. The key role of palliative care in response to the COVID-19 tsunami of suffering. *The Lancet* pp 1467 – 1469.

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WHAT CAN WE LEARN FROM PATIENTS WHO DIED FROM SARS-COV2 FOLLOWING ESCALATION TO A RESPIRATORY HIGH DEPENDENCY UNIT FOR TRIAL OF NON-INVASIVE RESPIRATORY SUPPORT?

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SARS-CoV-2 is associated with significant risk of death, particularly in older patients and those with comorbidities. Emerging evidence supports use of non-invasive respiratory support; however, it is uncertain whether and when this should be stopped in patients who fail to respond to treatment. The experience of teams caring for awake patients who died from SARS-CoV2 infection on Non-Invasive Respiratory Support in a Respiratory High Dependency Unit has not been documented.

This was a retrospective study of 33 adult patients who died of SARS-CoV2 on the Respiratory High Dependency Unit at the John Radcliffe Hospital, Oxford between 28/03/20 and 20/05/20. The population had multiple comorbidities (median Charlson Index 5 (IQR 4–6); median age 78 (IQR 72–85)) and respiratory support was trialled in all but one case, with CPAP the most common form (84.8%). Median time to death was 10.7 days from symptom onset (IQR 7.52–14.6), 4.8 days from hospital admission (IQR 3.1–8.3) and 21.5 hours from documented decision to cease active treatment. 48.5% of patients remained on respiratory support at the time of death, the reasons for this included ongoing active treatment (n=8), patient distress (n=6), awaiting further family discussions (n=1) and was undocumented in one case.

Data collected included: demographic and comorbidity data; timings of symptom onset and disease course; use of respiratory support; community and hospital Advance Care Planning; palliative care input and medication use and communication with families.

Non-Invasive Respiratory Support may play a key role in symptom management in select patients, however, further work is needed in order to identify patients who will most benefit from Respiratory Support and those for whom withdrawal may prevent unnecessary distress at the end of life or potential prolongation of suffering. For those with a poor prognosis early assessment of palliative needs and premonitory wishes should be encouraged.

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COMMUNITY PALLIATIVE CARE AND THE CORONAVIRUS PANDEMIC: A RETROSPECTIVE ANALYSIS OF SYMPTOM BURDEN, ADVANCE CARE PLANNING AND SURVIVAL IN 115 NEWLY REFERRED PATIENTS 'SUSPECTED COVID-19' COMPARED WITH 'CONTROL'

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Background Given the symptom burden, complex decision making & communication, and mortality associated with Covid-19, the role of palliative care within the pandemic has been defined. Published data is largely from the hospital setting, and information about community palliative care teams (CPCTs) and Covid-19 is lacking. This study aims to review referrals to a London CPCT during the pandemic and compare suspected Covid-19 with non-Covid-19 referrals, to establish clinical patterns and optimise planning for a second wave.

Methods Retrospective case-note review of 115 consecutive new referrals to a London CPCT between 9th March and 30th April 2020. Demographics, response to referral, symptomatology, Advance Care Planning (ACP) and outcomes were extracted and analysed using descriptive statistics.

Results 53 patients were categorised as suspected Covid-19, 40 of which were residing within a care home, with 62 as non-Covid-19 controls. End of life care was the commonest referral reason in the suspected Covid-19 group (53%) compared with symptom control (81% in controls). Reduced appetite, fatigue and pain were the most common documented symptoms in all, followed by shortness of breath in the suspected Covid-19 group and nausea/vomiting in the controls.

Prior to CPCT assessment, 78% of the suspected Covid-19 patients had comprehensive ACP in place, compared to 31% (controls). Time from referral to death was short in the Covid-19 group: median 5 versus 22 days.

Conclusions Care home patients were disproportionately affected by suspected Covid-19, and these patients were symptomatic and deteriorated quickly. The rapid deterioration in suspected Covid-19 patients may highlight a potential difficulty in refers 'diagnosing dying' in these patients. It has allowed us to draw recommendations for future practice. These include combining the CPCT triage and first assessment, using video-conferencing as default, and ongoing work to increase ease of access to anticipatory injectable medications when needed.