Conclusions The checklist is in its pilot phase. Evaluation is planned for February 2021. Adaptations, if required, shall be made when this data is available. Discharge home from critical care for patients who are dying is possible. To ensure fair and equitable care for all, PPOD should be discussed and explored for patients in ITU, and although a complex process, it is achievable and highly rewarding for all involved.

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A REVIEW OF END OF LIFE CARE OF PATIENTS ON HIGH FLOW NASAL CANNULA AT THE ROYAL VICTORIA INFIRMARY, NEWCASTLE UPON TYNE

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Background High flow nasal cannula (HFNC) has a role in managing chronic and acute respiratory failure. Many published reports suggest that HFNC decreases breathing frequency and work of breathing and reduces needs of escalation of respiratory support in patients with diverse underlying diseases. These properties may provide beneficial symptom control where reversibility of the condition is not possible.

Method Our aim was to evaluate end of life care delivered in patients who received HFNC in their terminal admission. These patients were identified via database kept by Critical Care Outreach Nurses from December 2019 - February 2020. Data was collected retrospectively from electronic notes.

Results 33 patient notes were reviewed (mean age= 77.2 years (15 female, 18 Male)). A majority (24) were admitted from home, with the remainder from nursing or residential care. Initiation of HFNC happened throughout the hospital (Emergency Department and admission unit= 14, Respiratory unit= 8, other medical wards= 6, Non-medical wards= 5). The primary indication for commencing HFNC was pneumonias (15), with an average duration of 7.24 days. 15 patients weaned off HFNC, 11 died with HFNC in situ, 4 did not tolerate treatment, 2 were discharged to community for end of life care and 1 was intubated. Regarding the recognition and management of the dying patient: 31 were recognised to be dying by medical teams and of these, 29 had documented discussions regarding end of life care with patient or relatives. 27 patients were referred to Palliative Care for specialist advice and 27 were prescribed anticipatory medications for symptom management.

Conclusion There was clear evidence of good symptom management and onward referral to Specialist Palliative Care for patients who were treated with HFNC during their final admission. However, we are limited by reviewing retrospective documentation and the likely change in practice given the Covid-19 pandemic.

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HOW AND WHEN TO ASK CANCER PATIENTS WITH A PALLIATIVE DIAGNOSIS ABOUT CORNEAL DONATION. A QUESTIONNAIRE BASED STUDY

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Background Fewer than half of families agree to donation if unaware of their loved one's decision to be a donor. This rises to over 9 in 10 when the decision is known (organdonation.nhs.uk). All previous research on this topic bar one recent qualitative study has focused on views of health professionals, or relatives.

Aims The aim of this study was to determine the best way to ask about corneal donation; by asking patients directly. Secondary aims were to establish whether patients knew they could donate corneas despite having cancer, if they would donate and if they had registered their wishes.

Methods Twenty patients with a palliative cancer diagnosis, were given a questionnaire to complete anonymously. Questions asked about current understanding and views on organ donation, whether any wishes were registered, and how they felt we should ask about donation.

Results 18 completed questionnaires were returned. Only 2 patients were aware that cancer patients can donate corneas. Despite 11 patients stating they had previously considered donation, and 17 stating they would wish to donate, only 4 had registered their wishes online. The same 4 also carried a donor card. The majority felt it didn't matter who asked (10), or where (16). 11 felt face to face was best although 6 felt it would be acceptable to ask via questionnaire. Patients were divided on when the best timing would be. 15 patients felt we should discuss donation routinely at the time of hospice admission, and the same 15 felt we should routinely ask all patients under hospice care.

Conclusion The majority of patients would consider donating but don't realise they are eligible to do so. Most patients feel we should routinely ask about donation; even if they did not wish to donate themselves. Education is required to empower health professionals to start conversations.

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THE BUTTERFLY PROJECT – IMPROVING TREATMENT ESCALATION PLANNING IN THE EMERGENCY DEPARTMENT

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Background The 2017 End of Life Care Hospital Improvement Programme (ELCHIP) audit of deaths at the Leicester Royal Infirmary (LRI) an Emergency Department (ED) attendance may be an opportunity to proactively identify and plan for deterioration. The clinical frailty scale (CFS) can identify older people at increased risk of deterioration or dying and local data suggests a 1 year mortality rate of 50% in the cohort of patients with CFS 7–9.

Methods The Butterfly Project is a multidisciplinary quality improvement project aiming to increase the percentage of older people CFS 7–9 dying in their preferred place of care, with additional outcomes based on early identification of uncertain recovery and treatment escalation planning.

ED notes were reviewed for all CFS 7–9 patients dying within 30 days of an ED attendance between February 2019 and May 2020. Interventions were broadly within two streams. The first focused on improving treatment escalation planning including verbal and visual prompts and the introduction of the ReSPECT process. The second was based on improving the skillset of ED staff via educational interventions.