needed to explore the interactions between patient, carer and clinician perceptions of non-medical devices and, ultimately whether this influences the benefits for patient self-management of chronic breathlessness.

**Abstracts**

**Improving the Identification and Management of Constipation on the Palliative Care Unit, Wansbeck General Hospital**

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Background In 2020 the palliative care team at the inpatient palliative care unit at Wansbeck General Hospital identified the notable burden of constipation on patients, and the barrier to symptom improvement it caused. Our team designed a quality improvement project to identify and tackle this issue.

Aims Our team aimed to assess the documentation, identification and management of constipation on the unit. This was undertaken via 1 instigating health care education, and (2) developing a patient information leaflet to empower patient's control of constipation.

Methods A 8 month QI project was undertaken on the unit, assessing the written and NerveCentre documentation of bowel movements, prior to and following the instigation of staff education and patient leaflets, promoting patient lead documentation of their constipation. This project followed several PDSA cycles and identified an initial absence of patient perception of autonomy over constipation, as well as prescriber’s limited knowledge of the regional guidance. The data from the measures gathered continuously using an electronic pro forma, with alternations following each cycle with further staff and patient education, and alternations to the language of the leaflets. A flow chart was generated following the measures indicating response to intervention.

Conclusion The prevalence of overall constipation halved from 46 to 22%, with an increase on the NerveCentre documentation of 19%. In those for whom constipation was appropriately identified 100% used the regional guidance to manage this. It was noted however that following the initial spike of identification of constipation this deteriorated after the change was instigated, demonstrating the need for on-going education to both patients and staff.

**Balancing Patient Benefit and Risk of Resistance: An Audit of Hospice Antimicrobial Prescribing**

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Background Antimicrobial stewardship aims to improve the safety and quality of patient care and reduce the risk of antimicrobial resistance. Symptoms of infection are often part of the natural deterioration towards end of life. Clinical evidence for the benefit of antimicrobials at the end-of-life is scarce and results inconclusive. Within our hospice, our aim of prescribing effectively whilst observing the principles of advance care planning led to an audit of practice as part of our antimicrobial stewardship.

Methods A retrospective audit was completed of all patients admitted over 3 months, where antimicrobials had been prescribed, considering; whether antimicrobials were prescribed in accordance with local trust guidelines; presence of indication, review and stop dates on each prescription and whether advance discussions were documented in relation to the use of antimicrobials.

Results Of 56 admissions identified, 23 (41%) patients had 37 individual antimicrobials prescribed. The commonest sources of infection were chest (18), urinary tract (4), skin and soft tissue (4).