

when multiple tablets are needed to supply the prescribed dose. We completed a quality improvement project to improve opiate prescribing and administration safety on the IPU.

Method We created two aide memoire charts to encourage safer prescriptions of opioids. These provided guidance on whole number doses of immediate release (I/R) opioids with corresponding easily measured volumes and doses of modified release (M/R) opioids which could be provided by the smallest number of tablets. We reviewed prescribing practices on the IPU before and after the introduction of each chart and education to the medical team.

Results Prior to the I/R opioid chart introduction 30% of I/R opioid dose prescriptions had an avoidable decimal point and 40% of corresponding volumes were not easily measured. This improved to 6% and 20% respectively after the interventions. Prior to the M/R chart introduction 55% of M/R opioid prescriptions required 2 or more tablets to supply the required dose. After the interventions there was a moderate improvement with 45% requiring 2 or more tablets.

Conclusion There was improvement in I/R and M/R opioid prescribing practice following the introduction of the aide memoire charts and education to the medical team. More education to medical staff around the use of the charts is required to see a continued improvement in prescribing practices on the IPU.

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THE USE AND PRESCRIBING OF OPIOIDS, BENZODIAZEPINES AND ANTIPSYCHOTICS IN SYRINGE PUMPS

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Background The Gosport independent panel reviewed 2024 deaths that occurred at The Gosport War Memorial Hospital between 1986 to 2001. According to the report, patient's families had raised concerns regarding the use of opioids and syringe drivers. Families felt that their loved ones had been given opioids and started on syringe drivers without a clear indication. These findings caused concern amongst patients and families around the use of opioids and syringe pumps. Opioids, antipsychotics and benzodiazepines play a fundamental role in symptom alleviation in palliative care and patients at the end of life. We have conducted a review of prescribing practice of opioids, antipsychotics and benzodiazepines via syringe pumps in patients under a specialist palliative care team in different care settings.

Method We looked into the indication of using opioids, benzodiazepines and antipsychotics in a syringe pump. We collected data on initial starting doses, prescription of dose ranges and dose escalations. This was a retrospective survey of patient medical records carried out at multiple centres in the North West of England including hospital, hospice and community settings. The participating organisations completed an online questionnaire.

Results We had a total of 267 responses. In the majority of cases, indications for syringe pumps were discussed and

documented. Different prescribing practices were observed with regards to starting doses of medications, dose ranges and dose escalations. 5 mg of morphine (or dose equivalent) was the most common starting dose giving via a syringe pump in patients who were opioids naïve. 5 mg of midazolam was the most frequent dose prescribed initially in a syringe pump. Levomepromazine was the most frequent prescribed antipsychotic.

Conclusions This project has generated a vast amount of data. Further scooping exercise is needed to review practice in cases where specialist palliative care teams are not involved.

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CLINICAL LEARNING FROM A TRANSITION SERVICE

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Introduction This study is part of a wider evaluation of a pilot to improve the experience of young adults with life-limiting conditions as they transition to adult services. The project was funded by Together for Short Lives. We developed a multidisciplinary outpatient clinic supporting young people aged 16–25 with life-limiting conditions, based in an adult hospice. Adult palliative care multidisciplinary teams (MDT) have many of the transferable skills and resources required to meet the needs of young adults with life-limiting conditions. By exploring the clinical needs encountered by the team in this project, we hope to improve palliative clinicians' confidence in their ability to meet those needs, and to highlight areas where practice may need to be adapted or developed.

Methods The Transition Team recorded in-depth team reflections around activity and learning over a period of 12 months between March 2019 and March 2020. The reflections concerning all clinical interactions with 7 patients were collated and analysed for themes. The themes were then developed alongside literature and expert opinion to form recommendations for other adult palliative care teams who wish to support young adults.

Results Overall, three major themes were identified from the team reflections: Clinical learning, Carer support, and Relationships with other clinicians.

The subthemes within clinical learning were:

- Role in identifying unmet needs and signposting to other services
- Identifying dying in patients with long term disability
- Safe management of complex symptoms when multiple teams are involved
- Anticipatory care planning.

Recommendations were developed highlighting areas where additional training and research are needed as well as areas to prioritise in service development.

Conclusions Reflecting on clinical interactions with young adults with life-limiting conditions enabled the project team to identify priorities for learning and further development of services for this patient group.