Abstracts

Methods Retrospective case note review of all patients who died at a university teaching hospital and local hospice in April 2018.

Results 26/34(76%) hospice patients died on an infusion in comparison to 34/86(40%) hospital patients.

Select drug dose ranges were:

Abstract 18 Table 1

	Hospice (median) mg		Hospital (median) mg	
	Start of CSCI	At Death	Start of CSCI	At Death
Morphine	5–80 (20)	10–100 (22.5)	5–30 (10)	5–30 (10)
Oxycodone	5–80 (15)	10–200 (25)	5–20 (5)	5–50 (5)
Midazolam	5–20 (10)	5–60 (20)	2.5–20 (5)	2.5–20 (7.5)
Levomepromazine	6.25–50 (12.5)	12.5–300 (50)	6.25–12.5 (6.25)	6.25–15 (6.25)
Haloperidol	1–3 (1.5)	1.5–5 (3)	1.5–3 (3)	1.5–3 (2.25)

21/26(81%) had been on a regular opioid prior to starting an infusion in hospice, in comparison to 6/30(20%) in hospital.

Median survival after starting a CSCI: 3 days in hospice, 2 days in hospital.

Although recognition and discussion of dying was often recorded, documentation around starting a CSCI was poor in hospital. In the hospice, all patients had a documented indication and 24/26(92%) had a documented rationale for starting doses. While documentation of discussion with patients, family and between doctors was good, discussion with nursing staff was poorly documented in both settings.

Conclusions Higher drug doses used in the hospice setting could be attributed to more complex symptom control needs and interestingly did not seem to have a negative effect on survival. This comparative review highlights areas for improvement: documentation of discussion with family about starting a CSCI, indication and rationale for starting doses in hospital and documentation of discussion with the wider team in both settings. These are likely to apply to other hospices and hospitals.

Poster presentations

Poster 1 | caregivers and the family

1 WHAT IS THE EXPERIENCE OF CAREGIVERS IN RELATION TO ANTICIPATORY MEDICATIONS?

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Background More than half of patients with a terminal diagnosis want to die at home.

NICE recommend provision of injectable anticipatory medications as a way of managing symptoms and facilitating this. However, there is little published evidence regarding the experience of caregivers in relation to anticipatory medications. The primary objective of this study was to explore these experiences and secondly ways to improve practice.

Methods We developed a questionnaire with public involvement and sent it to 100 consecutive caregivers, 3 to 9 months post bereavement. Carers were identified from hospice notes as having been issued anticipatory medicines to have in the home. Data was analysed using descriptive statistics and thematic analysis of free text comments.

Results The response rate to the survey was 38%. The majority were spouses of the deceased (61%). Most patients died at home (63%) and 82% had cancer.

87% of carers said there were benefits of having anticipatory medications available. The majority were reassured that medicine would be readily available when needed to provide symptom relief. However, some people found medicines distressing as they highlighted that death was imminent. Some expressed concern about storage of medication and potential for waste.

Several people commented that they were unable retain all the verbal information given but there were mixed views on potential usefulness of having written information.

Just over half reported that the medication was used; usually for pain or agitation with good effect.

Of those patients that did require the medications the most common problems carers experienced were: delay in a health care professional attending to administer medication (29%); knowledge of the person attending (24%) and deciding when to call for help (21%).

Conclusion Most caregivers find having these medicines is a generally positive experience but some experience challenges and there are areas for practice development.

Posters 2 – 32 | Covid-19

2 NEW COVID INITIATIVE – INTRODUCTION OF THE JUST IN TIME EMERGENCY MEDICINE PACK (JEMP)

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Background During the coronavirus pandemic, it was essential to ensure access to End of life (EoL) medications while protecting the medications supply chain. Traditional Just in Case prescribing could have exhausted the national supply. Consequently, a new NHS Wales Interim End of Life COVID-19 Medicines Service was implemented to provide access to a medication box a Just-In-Time Emergency Medication Pack (JEMP).

Methods The JEMP scheme ensured that end of life medications could be delivered directly to the patient within 2 hours, 24 hours a day 7 days a week, across the whole of Wales. The JEMP contained an agreed list of medications. The Health Courier Service Wales managed a Single Point of Contact, and directed the JEMP request to the most appropriate EoL Pharmacy Hub situated at one of five strategic sites around Wales. To access the service, a healthcare professional would call a 24/7 phone line and send a digital image of the prescription for EoL medications via Hospify (like an NHS Whatsapp). The JEMP then would be delivered directly to the patient's house and the prescription would be collected.