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P-50 ANTICIPATORY SYRINGE DRIVERS IN END OF LIFE CARE: A RISKY BUSINESS? AN AUDIT OF THEIR USE IN A HOSPICE INPATIENT UNIT

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Introduction/Background The potential benefit of using an anticipatory driver is more robust symptom management at the end of life, with less need for repeated injections, which may be particularly useful in the community setting. While national guidance on the issue lacks clarity, the Association of Supportive and Palliative Care Pharmacy (ASPCP) recently stated that the ‘perceived benefit of the anticipatory prescribing of a syringe pump does not outweigh potential risks’. Despite some negative publicity post-Gosport, such prescribing still appears relatively common. The use of a safe, appropriate anticipatory syringe pump relies on both an experienced prescriber, and an experienced caregiver to decide when to administer.

Methods A retrospective audit of all admissions to a hospice inpatient unit (IPU) between 1st July - 1st October 2021 was performed. All drug charts were checked for the presence of an anticipatory driver, appropriateness of doses, and documentation of any indication/instructions. Furthermore, clinical notes were analysed to establish the clinical context.

Results Across 73 patient admissions (over 3 months), 46 syringe drivers were prescribed, of which 21% were anticipatory. 10 (100%) of the anticipatory drivers were prescribed for patients who died on IPU, at appropriate starting doses, and an appropriate rationale was documented in 8/10 cases. Only 3 (30%) of all anticipatory drivers were administered, and the decision to administer was made by the nurse caring for the patient, predominantly out of hours.

Conclusion This is an area of practice that has both potential strong benefits and significant risks, and needs clear national guidance. In order to reduce risks, anticipatory drivers should be prescribed cautiously and only by experienced professionals, and documentation needs to be clear. While a hospice IPU may be a less risky setting for their use, specific training and support could be offered to community professionals to increase safe prescribing and administration.

P-51 VIEWS AND EXPERIENCES OF COMMUNITY ANTICIPATORY MEDICATION CARE: A LONGITUDINAL QUALITATIVE INTERVIEW STUDY WITH PATIENTS, INFORMAL CAREGIVERS AND THEIR CLINICIANS

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Background The prescription of injectable anticipatory medications (AMs) is a common community-based end-of-life care intervention. Practice is largely based on clinicians’ beliefs that the availability of AMs in the patient’s home offers reassurance to all involved and effective control of symptoms. Patients and informal caregivers’ views and experiences of AMs have been insufficiently studied.

Aim To understand patients’, informal caregivers’ and clinicians’ views and experiences of decisions to prescribe and use AMs.

Methods A multi-perspective, longitudinal, qualitative interview study based on 11 patient cases, with three month follow-up. Cases included 21 participants: six patients, nine informal caregivers and six clinicians. Data were collected between May and December 2020. Semi-structured interviews (n = 28) were audio recorded and analysed inductively using thematic analysis.

Results

Three themes were identified 1) ‘Living in the present whilst making plans’: AMs were used as a practical tool in planning for future unknowns, whilst patients and informal caregivers tried to concentrate on living in the present; 2) ‘Future images of dying’: Participants were concerned that dying could be painful and distressing. However, discussion of the process of dying and the role of AMs in controlling symptoms was often vague, inadequate or even absent. Some patients and informal caregivers expressed ambivalence about AMs and perceived that they might hasten death; 3) ‘Accessing appropriate care’: Getting AMs administered posed a significant challenge for families, despite assurances that drugs would be given when needed. Although administered AMs generally helped symptom control, some informal caregivers reported difficulties in persuading nurses to administer them to patients.

Conclusion Anticipatory prescriptions are a nuanced and complex intervention, needing careful discussion and tailoring to the preferences and experience of patients and families. Nurses’ decisions to administer medication should consider informal caregiver insights into patient distress, especially when patients can no longer communicate.

P-52 EXISTING OBSERVATIONAL PAIN ASSESSMENT TOOLS THAT ARE POTENTIALLY TRANSFERABLE TO ASSESS PAIN IN END OF LIFE CARE: A SYSTEMATIC REVIEW

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Background Pain is a common symptom in dying patients. Observational pain assessment tools have been developed in other patient groups, such as those suffering from dementia or Alzheimer’s, or ventilated, comatose patients. This systematic review aims to establish whether existing observational pain assessment tools could be transferrable to pain assessment in dying patients, thus facilitating managing pain in end of life care.

Methods The systematic review was undertaken using databases CINAHL and EMBASE. Publications were identified that had assessed the clinical usage of observational pain assessments in patient groups unable to self-report their pain. Key words included in the search were Dementia, Alzheimer’s, cognitively impaired, ventilated, comatose, observational pain assessment. Papers were selected from the last 10 years, available in English and used with adults.

Results The database search found 212 publications. Nine were found to assess the clinical usage of observational pain assessment tools and had not adapted the tool (Dementia/Alzheimer’s n=5, ventilated/comatose n=4). Pain assessment tools included were PACSLAC, PAINAD, APS, MOBID, BPS