

a decision to give cards to all eligible patients was agreed. As part of a wider piece of work, we assessed our current compliance with this new initiative and explore a more targeted approach.

Methods A retrospective case-note review of all discharge summaries during a 3-month period, to identify patients discharged on steroids. Data collection looked at those patients who were eligible, those that were given an emergency card and any documented plan regarding their future steroid use.

Results 41% (7/17) of patients were identified to have been discharged on steroids. Of these, no patients had documented evidence of a steroid alert card, none had a documented reason why this was not done, whilst 71% (5/7) of eligible patients had documented advice regarding their steroids.

Conclusions Our current practice highlights clear shortcomings with compliance against new national guidance. Given that hospices are now caring for individuals with significant multimorbidity and polypharmacy and more non-malignant disease, the concept of 'steroid emergency cards' needs to be supported with 'sick rule' days advice to enable individuals, their families and the community professionals supporting them to guide action rather than provoke anxiety. This has identified within our Integrated Care System (ICS) opportunity for collaboration and co-creation rather than different providers grappling individually with what is a collective issue.

REFERENCES

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MANAGING MUCOSITIS IN HEAD AND NECK CANCER PATIENTS: A SERVICE EVALUATION

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Background Mucositis is a common complication for head and neck cancer patients receiving radical therapy. It impacts on quality of life, causes pain, limits ability to eat, and contributes to weight loss. As a joint collaboration between Specialist Palliative Care and Head and Neck Oncology teams, our aims were to:

1. Review current guidelines focused on the mucositis treatment
2. Evaluate symptom burden and current mucositis management for head and neck cancer patients undergoing radical radiotherapy in Sheffield.

Methods The Multinational Association of Supportive Care in Cancer (MASCC) guidelines for mucositis were reviewed and the level of evidence for each oral agent was assessed. Prospective data was collected at baseline (week 1), week 4 and week 7 detailing: mucositis grade (using Common Terminology Criteria for Adverse Effects); mouth care products used; pain scores (0–10); analgesia use; weight and hospital admissions.

Results The evidence base for oral agents was limited, with most support for benzydamine and Gelclair. Other treatments

included: basic oral care, chlorhexidine, caphasol and thyme honey rinse. Twenty consecutive patients were included. Between baseline and week 7, average weight loss was 9.5%; mean pain scores increased from 1.6/10 to 6/10 and opioid use increased from 11% to 56%. By week 7, 17/20 patients reported grade 3 mucositis. The use of mouth care products was variable and Gelclair was infrequently used. There was little change in the quantity of mouth care products used between weeks 4 & 7 despite worsening mucositis. 40% had at least 1 hospital admission (totalling 42 inpatient nights), all related to treatment side effects.

Conclusions Joint multidisciplinary working enhanced this service evaluation and informed the:

1. Development of a clinical guideline flow chart to aid standardisation of treatment.
2. Introduction of Gelclair with supporting patient/healthcare professional information and a clear pathway to ensure ease of use.

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THE EFFECTIVENESS OF BOWEN TECHNIQUE FOR SYMPTOM MANAGEMENT IN CANCER AND PALLIATIVE CARE PATIENTS

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Introduction The study investigated the effectiveness of Bowen Technique Therapy (BTT), as taught by Bowtech UK and by therapists registered to Bowen Association UK, in relation to the management of health and wellbeing concerns of cancer and palliative care patients in an NHS out-patient clinic.

Method Patients are referred to the Complementary Therapies Service for symptom management, particularly stress and anxiety, but also other symptoms such as nausea, insomnia, joint aches and neuropathy. Data was collected using the Measure Yourself Concerns and Wellbeing (MYCaW) questionnaire, which was designed for evaluating supportive care interventions. Different symptoms are registered on the MYCaW questionnaire as Concern 1 and Concern 2, with an overall qualitative assessment of general Well Being.

Results Mean changes in post-intervention MYCaW scores were reported as $p < 0.001$ for each Concern and Well Being, which indicates that the Bowen Technique made a probable improvement in both presenting symptoms and perceptions of wellbeing. Based on a significance level of 0.05, both the Wilcoxon signed-ranks test and the two-tailed t-test indicated that post-treatment ranks and means were statistically above pre-treatment ranks and means in the categories.

Conclusion Neuropathy and pain concerns were greatly improved and cases of anxiety and stress management among symptoms were also beneficially affected. There was little difference between male and female patient outcomes and no statistical significance.

Wellbeing scores also improved, on average, by 1.3 points on the Likert scale. Patients stated that 'being listened to' and 'being heard' were important factors when describing how Bowen Technique Therapy had helped. We suggest that a study using larger numbers is necessary in order to provide more robust evidence in relation to these emerging trends.