

20 INTRODUCING GUIDELINES FOR THE MANAGEMENT OF TERMINAL AIRWAY EVENTS IN A HOSPICE SETTING

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Introduction The incidence of terminal ‘airway events’ (obstruction and haemorrhage) in hospice setting is not known. In our hospice, 75% of medical staff have looked after patients with altered airways and 30% have dealt with airway emergencies. Most do not feel confident dealing with such emergencies.

Methods All medical staff in the hospice were invited to anonymously complete a survey on their confidence dealing with tracheostomy patients and airway emergencies. Guidelines on management of airway emergencies were developed after literature review and agreed by the multidisciplinary team. They were then presented to medical staff in educational sessions, with a repeat survey to evaluate staff levels of confidence.

Results There were 11 and 8 respondents in the pre- and post-session surveys respectively. Respondents came from all grades (Internal Medical Trainee, Specialty Doctor, Specialty Registrar, Consultant). Prior to guidelines and training, 25% of staff felt not confident recognising the components of tracheostomy tubes, which improved to 75% feeling moderately confident. After education, 75% felt moderately or very confident distinguishing the differences of tracheostomy and laryngectomy (previously 50%). Levels of anxiety reduced post-education (58% pre and 12.5% post education), with levels of confidence dealing with terminal airway events significantly improving (8% pre- versus 75% post- education).

Conclusions Introduction of guidelines for airway emergencies in a hospice setting and educational interventions have improved the level of knowledge and confidence of medical staff. Ongoing education is necessary to ensure knowledge and confidence remain high. These guidelines have been included in induction for all medical staff. Impact and utility of guidelines will be further evaluated when staff apply them in real events.

21 WHAT ARE THE EXPERIENCES AND SUPPORT NEEDS OF DISTRICT NURSES CARING FOR TERMINALLY ILL PEOPLE WITH DELIRIUM AT HOME? A QUALITATIVE STUDY

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Background Delirium is a serious neuropsychiatric syndrome. It is common amongst terminally ill people in the community, with studies reporting a prevalence of 4–12% on initial palliative care assessment, rising to 44% towards the end of life. District nurses have an important role in supporting terminally ill people to remain at home.

Aim To explore how delirium is assessed and managed by district nurses, and to identify the support they need to do this well.

Design/participants Semi-structured interviews were conducted via Microsoft Teams with 12 district nurses in Scotland, UK. Data was analyzed using a framework approach.

Results Overarching themes were challenges in delirium detection, uncertainty regarding delirium management, and

education and support needs. Time constraints on home visits, limited knowledge about patients, reliance on family carers, and the fluctuating intensity of delirium symptoms contributed to complexity in delirium detection and management. District nurses were unsure about the value of delirium detection tools and used delirium terminology inconsistently. They were familiar with non-pharmacological strategies, but uncertainty remained regarding pharmacological management of distressing hyperactive delirium symptoms, developing towards the end of life. When terminally ill people deteriorated acutely with delirium, organizational difficulties were reported, with challenges accessing timely advisory and practical support from other health and social care professionals. District nurses identified educational needs concerning delirium detection and management.

Conclusion Caring for terminally ill people with delirium in the community is challenging. Educational interventions may be beneficial in developing district nurses’ confidence in supporting these patients and their families. Specialist palliative care services are required to provide more responsive advice and support.

22 SIMULATING DEATH: THE PRACTICAL WAY TO IDENTIFY UNDERGRADUATES’ PALLIATIVE CARE NEEDS

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Background Foundation doctors are expected to be able to provide interventions and support for patients nearing the end of their life,¹ yet many feel underprepared to manage basic palliative care, with minimal first-hand experience of end of life issues.² The aim of this project was to identify perceived gaps in confidence and knowledge and create a series of practical tutorials and simulation, focusing on areas important to students.

Method A programme was developed with South Tees NHS Hospital Foundation Trust Palliative Care Team focusing on: ‘Prescribing in Palliative Care’, ‘Care Near Death’ and ‘Practical Scenarios in Palliative Care’. Learning outcomes were identified through questionnaires completed by students and mapping to Newcastle University Medical School curriculum. Qualitative data was gathered before and after sessions to assess students’ understanding and perceived confidence. The sessions were delivered in the STRIVE academic centre in James Cook Hospital, Middlesbrough, with assistance from volunteers.

Results 10 students in their 4th or final year of medical school attended the sessions. Prior to the sessions, students were most confident in identifying symptoms near end of life, but all recorded low confidence in key aspects of palliative care, such as rationalising medication and communicating with relatives. All students’ confidence scores improved after the session, by 48% on average. All found the sessions ‘extremely helpful’ and found that being able to practise palliative care in a simulated environment was of notable value, in contrast to other teaching methods, with particular emphasis on the communication elements of the course.

Conclusion The sessions were perceived as valuable and felt from qualitative reflection to fill a gap in the current curriculum. Perception was undoubtedly biased by the self selecting nature of the timing and voluntary attendance of the teaching.