Conclusions This secondary data analysis has illustrated out-of-hours services are highly used up to midnight, particularly by patients’ family and carers. Recommendations to commissioners and service providers:

- Ensure telephone services are available between 5pm and midnight.
- Prioritise family and carers in the design of out-of-hours telephone services.
- Undertake further research with patients and families to understand when home visits or telephone calls are appropriate to meet patients’ needs.

Methods

Aims Recognition of when a person is approaching the last hours/days of life can be challenging for healthcare professionals with a search of the literature demonstrating that the dying phase is poorly recognised across different clinical and home settings. The provision of end-of-life care for people approaching the last hours/days of life in Wales is supported by the All Wales Guidance: Care Decisions for the Last Days of Life (CDLDoL), however there is poor utilisation of this guidance in nursing homes (NH). A quality improvement project (QIP) was designed to evaluate if education on recognising the dying person and the CDLDoL would improve the utilisation of the guidance in nursing homes. The aim of improving the provision of end-of-life care in NHs in the Cardiff area.

Methods Three NHs were recruited and ten teaching sessions across the three NHs were conducted. Data on all deaths was compared for a 6-month period pre- and post-intervention.

Results Before the teaching intervention, there were no residents (0%) that had their care guided by the CDLDoL. Following the teaching intervention, both qualified and non-qualified staff stated improved confidence in recognising when a person is approaching the end of life and providing end-of-life care. 2 residents (6.5%) had their care guided by the CDLDoL and the percentage of residents with end-of-life medications prescribed at time of death increased from 36.5% – 76.2%.

Conclusion The QIP demonstrated that the teaching had a positive impact on the confidence levels of NH staff with improved provision of end-of-life care. Further clinical research within the wider palliative care community on the dying phase should be conducted as well as further research into the perceived barriers and challenges of using the CDLDoL. The QIP will be extended across other NHs across Cardiff, as well as extending the teaching to GPs and community nurses.

Background/Aims Many ICU patients continue to die despite advances in medicine. It is important to provide patients with dignified deaths. This includes symptoms assessment and management, spiritual, religious and psychological support for both patients and their families. The aim of the audit is to assess our current performance in proving end-of-life care in our ICU.

Methods A retrospective audit of patients who died between 1st July 2021 and 31st December 2021 at the ICU of Croydon University Hospital. Their electronic medical records were reviewed for assessment and management of end-of-life symptoms, provision of psychological and spiritual needs, patient and family involvement in end-of-life discussions and palliative care involvement.

Results 66 patients were studied. 37 of them were males and 29 females. 22 of the patients had a Covid positive status. The mean age of the patients was 60 years old. 77% of the patients were intubated. Of the intubated patients, 39% of patients had assessment for pain, 37% for agitation, 16% for secretions, 10% for nausea and vomiting and 12% for breathlessness. In contrast, 90% of the intubated patients had pharmacological management for pain, 88% for agitation, 92% respectively for secretions, nausea and vomiting as well as breathlessness. For the non-intubated patients, 85% of patients had pain and agitation assessments, 69% for secretions and breathlessness and 54% for nausea and vomiting. Spiritual support was offered in less than half (47%) of the patients. The local palliative care team were involved in a total of 12 cases.

Conclusions The most significant finding was the lack of documentation in our assessment of end-of-life symptoms in intubated patients. Many of the intubated patients had pharmacological management of their symptoms despite the lack of assessment as they were on sedatives. A dedicated end-of-life symptoms assessment section on the electronic system would be useful.

Background/Aims Recognising the last hours/days of life can be challenging for healthcare professionals. End of life care prioritises early recognition of death and dying, and proportionate advance care planning (ACP). The National Audit of Care at the End of Life (NACEL) recommends timely communication regarding treatment options, including antibiotic use. Specialist palliative care teams often rationalise medications, but some patients who are approaching the end of life remain on antibiotics.

Aim & Methods To describe the practice of antibiotic prescribing for patients who have been admitted to a specialist inpatient palliative care unit within an acute hospital. The clinical records of all patients admitted in July 2022 were reviewed.

Results Thirty-seven patients were admitted. The median age was 84 years (range 52–101 years). Fifty-one percent were male.

Eleven (30%) patients were prescribed an antibiotic. Co-amoxiclav and Ciprofloxacin were most frequently used (45% and 27% respectively).