provide recommendations for learning and targets for system improvement.

**Methods** Systemic identification and analysis of CSCI incidents reported to the National Reporting and Learning System (NRLS) in England and Wales from 2016 to 2021. A cross-sectional quantitative descriptive analysis was undertaken using the Patient SafeY (PISA) classification system, alongside an interpretative qualitative thematic analysis.

**Results** 1317 CSCI incidents in palliative care were identified from a purposively selected sample of 7506 incidents involving palliative care medication, stratified by reported level of harm; 49 (4%) of incidents were confirmed to result in severe harm or death, 206 (16%) in moderate harm, 1050 (79%) in low/no harm using the standardised NHS harm outcomes framework. The commonest primary incidents were administration of the wrong dose (n=248, 19%) and issues in medication timeliness (n=233, 18%). Recurring explanatory themes included inadequate continuity of care between locations and providers, lack of access to clinical expertise and barriers to following established protocols. Many reports contained multiple points of potential system failure but potential psychological harms were still commonly overlooked. Ease of timely access to medication and CSCI equipment, in addition to access to clinical expertise, are priorities for improvement.

**Conclusion** This detailed analysis of CSCI incidents highlights the need for system improvements to facilitate better communication and care continuity, especially when patients transition between care settings. Healthcare professionals need support to contribute high-quality descriptions of incidents to pinpoint precise system changes for improvement.

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**162 PALLIATIVE SYMPTOM MANAGEMENT IN MALIGNANT PHEOCHROMOCYTOMA: SAFE USE OF FENTANYL AND REVIEW OF MEDICATIONS USED**

Elaine Cunningham, Ashling Kennedy, Sophie Gregg, O’Halloran Domhnall J, Aoife Lowney, Marymount University Hospice and Hospital, Cork University Hospital

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**Background** Phaeochromocytoma is a tumour arising from adrenomedullary chromaffin cells. Five-year survival with malignant phaeochromocytoma is less than 50%. Difficulty arises when prescribing for patients, given the potential to precipitate catecholamine crisis, a life-threatening emergency.

**Case Presentation** A 60 year-old female presented with abdominal fullness and discomfort. Imaging revealed a left adrenal mass with extensive hepatic metastatic disease. Liver biopsy confirmed phaeochromocytoma. The patient represented with a hypertensive crisis necessitating admission to the intensive care unit and alpha blockade. Contrast administration and morphine administration were identified as potential triggers. The palliative medicine team were consulted to aid managing her symptoms.

**Management and Outcomes** The patient experienced upper and lower abdominal pain described as ‘dragging’ and ‘sharp’ in nature. It was thought to be nociceptive pain. The Endocrine Society Clinical Practice guideline for management of phaeochromocytoma, recommends avoidance of morphine and codeine. Subcutaneous fentanyl was tolerated with good effect, and a continuous subcutaneous infusion was commenced while her pain was unstable to allow for rapid titration. She was transitioned to a fentanyl patch and her pain was reported to be 0/10. She was subsequently discharged and is undergoing chemotherapy.

**Discussion/Learning Points** While morphine administration is contraindicated in phaeochromocytoma, there is evidence in the literature to support the safe use of fentanyl, as is supported in this case. Tricyclic antidepressants, dopamine antagonists such as metoclopramide and prochlorperazine, corticosteroids, serotonin reuptake inhibitors and monoamine oxidase inhibitors are thought to precipitate a crisis. The authors have not found evidence to preclude the avoidance of cyclizine or ondansetron.

**Conclusion** Symptom control in patients with phaeochromocytoma remains challenging. There is a lack of published research to support the safe prescribing of medications for these patients.

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**163 THE HANDHELD FAN IN CLINICAL PRACTICE; A SURVEY OF CLINICIANS’ EXPERIENCE OF IMPLEMENTATION AND BARRIERS TO USE**

Gamze Keser, Arinn Hutchinson, Daisy Janssen, Miriam J Johnson, Flavia Swan. Wolfson Palliative Care Research Centre, Hull York Medical School, UK; Faculty of Health, Medicine and Life Sciences, Maastricht University, Netherlands

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**Background** Studies consistently report patient benefit from fan use for relief of chronic breathlessness, but little is known about clinician implementation of the fan.

**Methods** Online, short, cross-sectional surveys of clinicians working with breathless patients to assess fan use and barriers to implementation. Two versions (English and Dutch) were sent out and publicised via professional groups and social media.

**Results** 271/302 [90%] of UK based respondents practiced in the UK and 117/125 [94%] of Dutch respondents practiced in the Netherlands. Overall, 301/484 [62.2%] respondents (11% male; 89% women; 87% >5 years’ experience) used a fan ‘some’ or ‘a lot of the time’; more common in the UK (256/302 [84.8%] vs 45/182 [24.7%]). More UK-based respondents were physiotherapists (UK 75/262 [28.6%] vs 45/182 [24.7%]). More UK-based respondents were physiotherapists (UK 75/262 [28.6%] vs Dutch 5/125 [4.0%]), but equal proportions of nurses and doctors. Palliative care was equally represented, but respiratory clinicians were more common in the UK group (153/261 [58.6%] vs 36/124 [29%]), and elderly care in the Dutch group (22/124 [17.7%] vs 1/261 [0.4%]). The two most common barriers to fan-use were poor availability (52/231 [22.5%] and lack of funds to buy fans (44/231 [19.5%]); one-third asking the patient to buy one for themselves. In the Dutch group only, lack of belief of effectiveness and a preference for other interventions (inhaled or oxygen) also acted as barriers.

**Conclusion** Most UK-based respondents recommended fan use to patients, whereas a minority of Dutch respondents did. Barriers to fan use include lack of availability and funds to buy fans, and in the Dutch group lack of belief in effectiveness. In order to improve patient access to fans we recommend that a budget be made available to clinicians to buy them. The proportion of physiotherapist respondents in the Dutch group was notably smaller; professionals likely to recommend a non-pharmacological intervention. Physiotherapists may be important in driving implementation in the UK.