experiences/perceptions. This research was guided by Critical Realism philosophical approach, which helps to understand the causal mechanism of breathlessness in relation to complexity and stratified realities in study sample. Braun and Clarke's reflective thematic analysis was used to frame study data.

Results Mean age was 56 (18–83). The sample consisted of 8 (40%) men and 12(60%) women. Participants experienced daily breathlessness with exercise/basic activities. Fatigues, sleep problems, and stress/anxiety were other commonly reported symptoms associated with heart failure. Interconnected three themes were identified: Breathlessness evaluation (interconnected sub-themes: factor-related breathlessness, description, and impact of breathlessness), Breathlessness management (breathing exercise/resting, coping with emotional distress (to reduce stress), and retrospective/prospective life changes) and Needs for improving breathlessness management (psychological/emotional and family support).

Conclusion Breathlessness evaluation and management of participants vary by factor and its effects. Psychological support is the area where the participants in Turkey most need support.

Implications for practice/research Individual breathlessness (symptom) assessment is key to heart failure management to increase motivation for self-care continuity and reduce adverse outcomes.

170 CLINICAL CHARACTERISTICS AND RISK FACTORS FOR DISTRESS AMONGST HOSPICE INPATIENTS NEEDING PHENOBARBITAL FOR DEEP SEDATION AT THE END OF LIFE: A SINGLE-SITE SERVICE EVALUATION

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Background Terminal agitation is a common symptom in the last days of life which is usually manageable using standard measures. In rare circumstances, it's necessary to use Phenobarbital. This service evaluation aimed to describe the characteristics of patients requiring Phenobarbital for management of terminal agitation in an inpatient palliative care unit between Nov 2019 and May 2022, with a specific focus on identifying potential risk factors for its use.

Methods Cases were identified by searching the unit's controlled drug books for the selected period. Clinical notes were reviewed and relevant data entered onto a proforma. Risk factors for terminal distress were summarised numerically and thematically using accepted holistic assessment domains (physical, psychological, social/family and spiritual/existential) as a framework. For comparison, the clinical notes of a control sample (consecutive deaths where phenobarbital was not used from a random month in 2021) were also reviewed.

Results Phenobarbital was used in 21/813 deaths (2.6%), of which 20 sets of notes were reviewed. Mean (SD) age was 53.8 (15.1) in the Phenobarbital group compared to 73.9 (16.4) in the control group. 17/20 Phenobarbital cases (85%) had risk factors across 3 or more holistic domains compared to 4/30 controls (13%). Physical symptoms included refractory pain and breathlessness. Psychological factors included fear of dying or pain, severe anxiety and significant mental health comorbidities. Spiritual/existential factors included lack of acceptance of prognosis or engagement in advance care planning and being 'too young to die'. Social factors included complex family dynamics, high levels of anxiety, unrealistic expectations in family members and having younger children.

Conclusions The frequency of Phenobarbital use was consistent with previous reports. Patients requiring it had multiple risk factors for distress in comparison with the control group. Prospective studies are needed to further examine this relationship.

171 SYMPTOMATIC IMPROVEMENT FOLLOWING INTRAVENOUS IRON IN MULTIMORBID PATIENTS WITH HEART FAILURE: OUTCOMES FROM AN INPATIENT HOSPICE

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Background Clinical trials have demonstrated the symptomatic benefit of intravenous (IV) iron in iron-deficient patients with Heart Failure reduced Ejection Fraction (HFrEF) independent of haemoglobin. However, paucity in data exists regarding the optimal strategy and symptomatic benefit of IV iron in heart failure (HF) outside of trial settings in heterogenous cohorts. We report our experience of IV iron in multimorbid patients with end-stage HF.

Methods All patients receiving IV iron at our hospice between March 2020-June 2022 for HF were retrospectively identified. All HF subtypes were included. Data encompassing demographics, echocardiographic and haematological findings, medication history, symptomatology (NHYA Class and IPOS), and treatment were analysed in SPSS v28.

Results 13 patients (female:male 1:1.6, mean age 84.0±8.3 years) underwent IV iron infusion for NYHA Class II-IV HF. 5/13 (38.5%) had HFrEF. All patients had at least two additional major comorbidities. The mean baseline haemoglobin was 110g/L (±18.5g/L) with a median baseline ferritin of 21.0ng/mL (range 7–66ng/mL). A significant rise in ferritin post-infusion was sustained to a median of 4.5 months (median post-infusion ferritin 104ng/mL (range 51–431ng/mL), p=0.012). Median pre-infusion IPOS scores were 3.0 for breathlessness and 3.0 for fatigue. Of the 8/13 patients who had received their infusion over six months ago, 4/8 (50%) had documented evidence of symptomatic benefit of whom 3/8 (37.5%) received a second infusion. There were no adverse events recorded.

Conclusion Although small, our experience highlights the symptomatic benefit and sustained effect of IV iron in a multimorbid palliative HF cohort, and the deliverability of this specific service in a real-world hospice setting.

172 'CAN'T SOMEBODY DO SOMETHING? …THERE MUST BE SOMEONE WHO CAN HELP?' RESULTS OF A SURVEY OF A REGIONAL MULTIDISCIPLINARY WORKING PARTY OF THE FUNDAMENTAL ASPECTS OF ASSESSMENT OF SIALORRHOEA IN PATIENTS WITH PROGRESSIVE NEUROLOGICAL DISORDERS TO SUPPORT PERSONALISED CARE

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Background Sialorrhoea is a common symptom of progressive neurological conditions, causing a significant burden for patients and their care givers. A previous survey showed healthcare professionals felt drug interventions provided insufficient control. This symptom benefits from holistic and multidisciplinary assessment and management. This work aims to identify the key components of a clinical assessment, from a multidisciplinary perspective, with the intention of supporting delivery of personalised and effective care of this symptom.
Methods Motivated by poor outcomes of management of this symptom, a regional specialist working party was convened. These multidisciplinary professionals, with expertise in sialorrhoea management, completed a survey to identify which factors enhanced assessment of issues related to sialorrhoea and how management is impacted. Responses were compared against established saliva assessment tools.
Results
Twelve professionals completed the survey Responses were analysed and grouped into 5 themes. No theme was unanimously identified by all responders. The most common (83%) was assessing response to previous strategies, 75% focused on the saliva itself, 67% on functioning, 50% on psychosocial impact and 50% on physical assessment. Qualitative responses were collected on the above themes and their impact on management, notably highlighting the benefit of more detailed psychosocial and functional assessment.

The themes were not routinely covered in available tools. Where overlap exists, such as functioning and psychosocial impact, the survey responses exceeded elements within the tools.
Conclusion The results show each theme identified was not covered by all professional groups, indicating benefit from multidisciplinary assessment. A standardised approach, encompassing all that has been discovered in this work would streamline assessment, minimising burden to patients. This would support professionals to develop wider skills in assessment from their multidisciplinary colleagues. The working group will now develop this resource to guide professionals with the optimal assessment and then evaluate the impact on patient outcomes regionally.

173 EVALUATION OF THE SAFETY AND EFFICACY OF FAMOTIDINE AS A CONTINUOUS SUBCUTANEOUS INFUSION

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Theme Symptom Management
Background The use of ranitidine subcutaneously has been well established in palliative care for symptom control of vomiting, gastric secretions, gastric protection and gastrointestinal bleeding. Since the recall of ranitidine, famotidine has been used as an alternative histamine H2 antagonist. However, there is limited published literature for its subcutaneous use.
Methods A retrospective case-note review of patients from October 2021 to December 2022 under the care of the palliative care team at Sheffield Teaching Hospitals (STH) and St Luke's Hospice (SLH).
Results Famotidine has been used as a continuous subcutaneous infusion (CSCI) for 15 patients at STH and SLH since October 2021. Maximum duration of use was 36 days, until death. Doses used were 20mg or 40mg for 33% and 47% of patients respectively, in diluent of normal saline 0.9% over 24 hours. 20% of patients were started on 20mg dose and were later increased to 40mg. No adverse site reactions were reported, nor were any concerns about stability in the CSCI. Indications for use included nausea, reflux, indigestion, upper gastrointestinal bleeding, large volume vomiting and gastric secretions. Famotidine as a CSCI was continued until death in 65% of cases. Reasons for discontinuation included perceived lack of benefit (7%) or reducing syringe driver burden (20%). In most patients it was uncertain or not documented if famotidine as a CSCI provided symptomatic benefit.
Conclusions Famotidine has been used as a CSCI to manage a range of gastrointestinal symptoms for patients who are unable to receive treatment through other routes. No adverse reactions or stability concerns were found. However, no definitive outcomes were reported in regard to symptomatic benefit. More prospective data from larger control studies are needed to confirm the therapeutic benefit.

Poster Nos 174–177: Transition

174 MAKING THE LETTER BETTER: A REVIEW OF QUALITY OF DISCHARGE LETTERS FOR PATIENTS WITH PALLIATIVE CARE NEEDS AT THE ROYAL DERBY HOSPITAL

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Background Limited local and national evidence demonstrates the quality of information in discharge letters for patients with palliative care needs is poor.[1,2] We aimed to evaluate discharge letters for patients at the Royal Derby Hospital seen by the hospital palliative care team (HPCT), and hopefully improve the standard of letters for these patients. We know it is important to get this right first time, as for some of this patient group there is only one chance.
Methods Traffic light criteria were established between authors, with red as essential, amber as important and green as nice to know information. 25 sets of HPCT patient notes and electronic discharge summaries were then retrospectively compared against criteria, and data recorded using Excel. This was manually analysed and included qualitative data collection. Interventions following initial data collection included use of a 'prompt' sticker and postgraduate education.
Results Against 'red' criteria, medication changes were documented well (84%), however Fast Track status was not recorded accurately for 64% and details of the ReSPECT discussion were lacking for 61% of patients. Although 100% of patients were seen by HPCT, only 68% of letters documented this, and most concerningly, preferred place of care (PPC) and preferred place of death (PPD) were documented in 8% and 4% of letters respectively. Against 'green' criteria, functional status was documented in 16% of letters, whilst spiritual needs was documented in 4%. Trial of a 'prompt' sticker placed in the notes by HPCT was ultimately unsuccessful due to an increase in volume of workload and staff shortages. Education is in progress in Autumn 2022.
Discussion Initial data collection demonstrates that although HPCT gather a wealth of information relating to this patient