already found to be beneficial to those with neurological and other disorders.

This practice-led study aimed to explore how a pilot music and movement project was experienced by people with Parkinson's disease and their carers within a hospice environment. Over two months, we offered six weekly sessions as part of the expanding Wellbeing service at St Columba's Hospice Care. Eight people with Parkinson's disease and five carers participated. The study followed a specific music and movement approach (Dalcroze Eurhythmics) that, in addition to psychosocial aspects, considers physical functions of balance and gait as well as executive functions and alertness and concentration. Data collection involved baseline participant information, weekly ethnographic participant observation, as well as a participant focus group and an interview with the facilitator at the end of the project.

The findings highlight the perceived impact of music and movement on people's sense of psychosocial and physical wellbeing. Participants' reports of physical and psychological safety, their re-connection with their sense of self, experiences of joy and playfulness, and the relational reframing of movement transcending functional limitations are some examples of emerging thematic areas. These findings are discussed in relation to contemporary literature to consider strengths and drawbacks for service development in this area of work for hospices.

P-185 USE OF HIGH FLOW NASAL OXYGEN ON A HOSPICE INPATIENT UNIT (IPU) FOR SYMPTOM CONTROL IN PATIENTS WITH INTERSTITIAL LUNG DISEASE

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Background Interstitial Lung Disease (ILD) can have a rapidly progressive course with hypoxaemic respiratory failure, intolerable breathlessness and anxiety at end of life. Often, morphine and midazolam are administered via syringe pump to achieve symptom control with a degree of sedation. In the Acute Trust during the pandemic, High Flow Nasal Oxygen (HFNO) (Frat, Goudet, Girault. Rev Mal Respir. 2013;30:627–43) provided symptom relief even when the lungs were severely impaired. Prior to introduction of HFNO on IPU, the maximum oxygen that could be delivered was 15L via a non-rebreathing mask. The use of high flow rates via nasal cannula causes drying/bleeding of the nasal mucosa and the cold temperature is frequently intolerable.

Aim To introduce HFNO for use in a hospice to improve symptom control in patients dying from ILD when appropriate.

Methods A patient in the Acute Trust was transferred to the hospice for end of life care. Despite receiving 15L oxygen via a non-rebreathing mask, his oxygen saturations were below 80%. Any care triggered panic attacks and desaturation episodes down to 58%. His deterioration prior to transfer had been very rapid. He had been in hospital for 3 months. He found morphine helpful but did not tolerate benzodiazepines. The company supplying the HFNO system provided training to staff.

Results HFNO provided immediate relief with improved oxygenation, reduced respiratory rate, reduced anxiety and an ability to tolerate care. HFNO was well tolerated and the patient/family have spent quality time together. He is alive 3 months after transfer but is slowly/steadily deteriorating.

Conclusion HFNO is an effective way to provide symptom control in patients with end stage ILD, improving oxygenation and decreasing work of breathing and respiratory rate (Mauri, Turrini, Eronia, et al. Am J Respir Crit Care Med. 2017;195:1207–15; Vargas, Saint-Leger, Boyer, et al. Respir Care. 2015;60:1369–76). It is well tolerated (Cuquemelle, Pham, Papon, et al. Respir Care. 2012;57:1571–7) and its use has been pivotal in providing good end of life care for this patient. However it should be used judiciously and guidelines/indications for use should be developed.

P-186 USING PERIPHERALLY INSERTED CENTRAL CATHETERS (PICC) TO PROMOTE THE PHILOSOPHY OF PALLIATIVE CARE: 'A PICC IS A GIFT'

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Background Although Peripherally Inserted Central Catheters (PICCs) minimise procedure related pain and allow effective absorption of parenteral fluids and medications for patients when the oral route is no longer feasible, there is limited empirical data regarding their efficacy, safety and patient satisfaction in palliative care. A systematic literature review was undertaken on the role of PICCs in palliative care utilising GRADE (Grading of Recommendations, Assessment, Development and Evaluation) criteria. The level of evidence was MODERATE. This emerging literature suggests minimal pain and distress on insertion, limited complications and a favourable impact on quality of life.

Our patients Over a 12 month period, 24 patients underwent PICC insertion, 83% were women, 92% had solid tumours and the average age was 70 (range 36–94). 899 PICC days were monitored, the average number of days of placement was 37 (range 1–250). The indications for PICCs were hydration (92%), medication administration (92%) and blood sampling (88%). PICCS were inserted for all three indications in 19 (79%) patients. Three PICCs required replacement and one required removal. Only one of these was in relation to infection. This was an unconfirmed line infection and was on the advice of microbiology. The limited complications identified are likely due to all procedures being performed by the nurse-led Vascular Access Team, under aseptic conditions, utilising ultrasound and intracavitary ECG guidance and meticulous aftercare.

The benefits PICCs are synergistic with the philosophy of palliative care. A philosophy, which supports all symptoms to be managed, prevents new symptoms from arising and promotes opportunities for meaningful and valuable experiences. Administration of IV medication and blood products has facilitated the treatment of anaemia, infection, hypercalcaemia, refeeding syndrome and raised intracranial pressure whilst identification of anomalies in blood results supports clinical decision-making. Feedback from patients, families and staff has been overwhelmingly positive. In the words of the patient with the longest placement, a PICC is '*convenient and clean*'.