

P-187 IMPROVING ACCESS TO INTERVENTIONAL PAIN MANAGEMENT FOR PALLIATIVE CARE PATIENTS

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Background Pain is one of the most frequently encountered symptoms in palliative care patients, and poorly controlled pain is debilitating. Two-thirds of terminally ill cancer patients report moderate to severe pain (van den Beuken-van Everdingen, Hochstenbach, Joosten, et al. *J Pain Symptom Manage.* 2016; 51(6): 1070 – 1090). Up to 10% of patients fail to gain adequate analgesia with oral medication, and many are troubled by significant side effects (Bhaskar. *Postgrad Med.* 2020;132(S3):13–16). Despite National Institute of Clinical Excellence (NICE) guidance in 2004 advocating for each regional Cancer Network to have a ‘named specialist for advanced pain management techniques’ (NICE: Improving supportive and palliative care for adults with cancer. Cancer service guide [CSG4]), joint consultations with palliative care were rare in 2007 (Kay, Husbands, Antrobus, et al. *Palliat Med.* 2007;21(4): 279–284) and remain so still (Bhaskar. 2020).

Aim To evaluate the impact of a combined monthly complex pain management multi-disciplinary team (MDT) meeting, spanning hospital and community palliative care services.

Method Beginning in July 2021 monthly meetings were set up using Microsoft Teams to facilitate remote access, and invites sent to community and hospital palliative care teams along with colleagues in the acute and chronic pain teams. In mid-2022 this expanded to include colleagues from paediatric pain management. Patients are informed in advance that their case will be discussed by the MDT, and consent is obtained for information to be shared via the ‘Combined Health Information Exchange’ in Hampshire.

Results 15 meetings were held over 21 months. 53 patients in total were discussed, meaning there were three or four patients each time (range two – seven). Nine interventional procedures followed directly from these discussions, most of which were carried out in a hospice setting. These included two fascia-iliaca blocks, three erector-spinae blocks (two accompanied by serratus anterior blocks), a greater occipital nerve block, a para-sternal intercostal block, and a supra-scapular block. All the procedures produced some short-term benefit, with no immediate or subsequent adverse consequences.

Conclusion Establishment of a combined complex pain management MDT involving palliative and pain specialists has improved patient access to interventional pain management procedures. It has also provided an opportunity to network with colleagues across boundaries and share ideas promoting best practice.

P-188 METHOXYFLURANE FOR PROCEDURE RELATED PAIN IN A HOSPICE

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Methoxyflurane (marketed as Pentrox in UK) in a non-CD inhaled analgesic with similar properties to nitrous oxide. It is licensed as an emergency analgesic for moderate to severe pain associated with trauma, with a rapid onset of action and

short half life. Studies have shown it to be of benefit in short term painful procedures such as manipulation of joints and bone marrow aspiration. In addition to a favourable safety profile the drug is delivered via a small portable device that the patient can control. Methoxyflurane is also more environmentally sustainable than nitrous oxide, being a less potent a greenhouse gas.

Whilst this drug has been used for decades in out-of-hospital care, its use in specialist palliative care is extremely limited. This poster will report on an evaluation of the use of methoxyflurane in a hospice inpatient setting for the management of pain in traumatic procedures such as dressing changes and personal care in patients with pathological bone fractures. We have included an overall assessment of clinical indications and contraindications, and its efficacy and side effects.

P-189 DEVELOPMENT OF A COLLABORATIVE SYRINGE PUMP COMPETENCY DOCUMENT AND ACCOMPANYING WORKBOOK

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Background This project evolved following a collaborative review of local clinical incidents involving syringe pumps and medication administration across the local community settings.

Factors identified which may have contributed, were lack of access to relevant training, an increase in newly qualified registered nurses joining internal and external community teams. No standardised competency document used across both areas and clinical practice varied. This highlighted the need for a joint approach for further education and training (Nursing & Midwifery Council. *The Code for Nurses and Midwives.* 2015).

Aims To reduce the number of clinical incidents involving syringe pumps and medication errors. Working collaboratively with our external partners to deliver training and all registered nurses to complete the competency document and workbook. The aim was to increase knowledge and skills around syringe pumps and palliative care to increase confidence and improve clinical practice.

Methods Jan. – Jul. 2021: We conducted staff interviews across community services establishing existing knowledge and researched current available training for nurses. Between January and July 2022, we developed a competency framework and syringe pump workbook. Jul. – Sept. 2022: Syringe pump training pilot was developed to commence October 2022. The pilot was over three months and consisted of two full training days and allowed six weeks to complete the workbook and competency document followed by half-day consolidation session involving RN from a mixed community background with four district nurse mentors supporting the pilot.

Results Fourteen RNs attended the pilot training sessions, twelve completed the training. Incidents with syringe pumps and medication errors have reduced. Feedback from participants confirmed that using a collaborative approach to training and competency framework increased their palliative care knowledge, clinical skills and confidence.

Conclusion We believe that the joint approach to training and having one competency framework and workbook has improved nurses' knowledge and provided a consistent