required multiple inpatient admissions for parenteral diuretic administration. SCF infusion shows complete bioavailability (99.65%) and equivalent diuresis when compared with intravenous furosemide, and can provide significant symptom relief, prevention of hospital admission and associated patient satisfaction.[1]

Aim To demonstrate the beneficial usage of SCF in a variety of settings, disease pathologies and disease stages.

Method A retrospective qualitative and quantitative case series was collected, using an online survey tool, from a network of clinicians working with palliative patients across the West Midlands. Participants submitted anonymous details of cases where SCF had been considered or utilised. We then assessed for common themes.

Results 26 cases were reported, from hospices, hospitals and community settings, with a range of disease pathologies. The data collected demonstrated the effectiveness of SCF via CSCI for symptom control in 70% cases, allowing patients to remain in or return to their preferred place of care in 57% of cases, and enabling a comfortable death in 39%. SCF was also effective when used in a single patient over two years. Forms of monitoring varied according to individual patient factors. Problems encountered were primarily around lack of confidence of clinical teams, although a few described supply issues or site reactions.

Conclusion

- SCF is successfully being used for the relief of heart failure symptoms across settings
- If utilised more, SCF could help patients remain in their preferred place of care for longer, reduce hospital inpatient stays and reduce the risks and distress associated with intravenous cannulation
- Increasing research and education around SCF may improve the confidence of clinical teams

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67 THE USE OF SUBCUTANEOUS PROTON PUMP INHIBITORS IN PALLIATIVE CARE PATIENTS: PRODUCING A GUIDELINE IN THE WEST MIDLANDS

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Background Palliative care patients frequently require the use of medications to suppress gastric acid production in conditions such as malignant bowel obstruction, gastrointestinal bleeding and dyspepsia.[1] The subcutaneous (SC) route is often used in palliative care patients for a variety of reasons including swallowing difficulties and poor oral absorption. SC ranitidine was previously utilised for this purpose, but is no longer manufactured, hence the need to find a suitable alternative. Proton pump inhibitors (PPIs) are commonly administered orally for these indications, but less is known about their SC use; a literature review performed in March 2023 found a paucity of published evidence. Accordingly, we sought to collect data from clinical practice to inform the production of a guideline.

Methods A 15-question bespoke survey instrument was designed and distributed to palliative care professionals working in the West Midlands. We investigated the use of SC PPIs, including familiarity with their use, indications for their use, choice of drug, adverse events, and any challenges encountered. Data was exported into Microsoft Excel for subsequent analysis.

Results Of the 73 survey respondents, 47 had never used SC PPIs before. 76% of these were either unaware of the practice or felt there was a need for a guideline. Overall, 95% of respondents desired a guideline for the use of SC PPIs and 74% of them said they would be more likely to prescribe them if a guideline was available.

Conclusions Our survey results and concomitant literature review prompted the production of a regional guideline for SC PPIs in palliative care patients. The guideline has been ratified and published by SPAGG (Specialist Palliative Care Audit and Guidelines Group) in the West Midlands. We aim to audit the use of this guideline within the next year once it has been more widely incorporated into clinical practice.

REFERENCE

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68 CASE REPORT: OCTREOTIDE DEPOT FOR EXCESSIVE RECTAL TUMOUR SECRETIONS

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Background Octreotide has several uses within palliative care including the management of bowel obstruction, fistulas and secretions. It is usually administered via a syringe driver or in regular subcutaneous injections. The depot form is licensed for use in acromegaly, neuroendocrine tumours and certain adenomas. We used Sandostatin LAR 20 mg depot IM injection to manage excessive secretions from a primary rectal tumour in a mobile and active 81 year old.

Results The decision to use the depot formulation was a complex one, taking into account unsuccessful attempts to manage the secretions with hyoscine. As he was mobile and very active, he didn't want a syringe driver. He was uncomfortable with the DN resources needed to administer a twice daily subcutaneous injection, as well as the time constraints of this. During an admission to the hospice for pain control, he was started on the subcutaneous formulation before starting the depot. It provided significant relief initially, with the need to increase the dose from 20 mg to 30 mg after 2 months. When he was too unwell to attend clinic, it was added to the syringe driver at 200 mcg; increased to 300 mcg. He died peacefully at home with his family present.

Conclusion There is no evidence for the use of the depot formulation in patients with rectal tumours, so we used the PCF in combination with the drug's SPC to create a regime. Despite the multiple practical difficulties, the team will now be considering the use of the depot formulation for similar situations.