symptom control (n=22, 32%), behaviours of concern (n=16, 24%), carer distress (n=16, 24%) and reluctance about opioid/medication use (n=12, 18%). Admission outcome of death occurred for 25 (37%) patients.

Conclusions and future directions Concurrent substance use can increase the complexity and needs of patients and families. Further work to develop strategies and models of care for collaboration between primary care, community and hospital-based teams is needed to enhance outcomes for this potentially complex and vulnerable population.

P-22 COPD PATIENTS' AND CARERS' PERSPECTIVES OF THE ACCEPTIBILITY OF A BREATHLESSNESS ACTION PLAN

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Background Many people with Chronic Obstructive Pulmonary Disease (COPD) experience acute episodes of breathlessness that are highly distressing and are often overlooked and undermanaged. Episodic breathlessness pervades into multiple domains of patients and carers lives, resulting in emotional distress, social isolation, and ultimately, disability. As the breathing-thinking-functioning cycle of breathlessness is highly interdependent, managing breathlessness requires shifting an individual's construct around, and response to, the sensation. A written Breathlessness Action Plan (BAP) consists of a list of simple and sequential steps for relieving the intensity of episodes of breathlessness. BAPs have been widely created in response to perceived needs by independent organisations and contain similar content on non-pharmacological and pharmacological strategies. Despite their use the evidence for the uptake and efficacy of a written plan is unknown in the literature.

Objectives The rationale for this study is to bridge the existing knowledge gap of COPD patients' and carers' perspectives of the acceptability of a written BAP for managing acute episodes of breathlessness, and to challenge and transform current self-management strategies.

Methods This feasibility study with mixed methods (qualitative and quantitative) was conducted over four weeks for each patient, whilst they remained at home. Patients with a COPD diagnosis who were experiencing episodic breathlessness and were not currently using a BAP were included, along with their carers. Participants received an individualised BAP, face-to-face breathlessness education, and a hand-held fan. COPD Assessment Tool (CAT) scores were measured at baseline and after 4 weeks. The intervention group received weekly check-in calls. Perceptions of BAP acceptability was reported using a 7-question Likert at the exit interview at 4 weeks. Ethics approval for this study was granted by the AWH Human Research Ethics Committee (HREC) (review reference HREC/103469/AWHEC-2023–402985).

Summary of Results Not currently available. Reponses to structured questionnaires will be quantitatively summarised as number and percentage. From the open-ended responses, themes will be derived and qualitatively presented. CAT scores will be compared at baseline and at 4 weeks. The primary research question seeks to evaluate COPD patients' and carers' perspectives of the acceptability of a written BAP for managing acute episodes of breathlessness, whilst the secondary research question seeks to determine if written BAPs are useful on their own or require further support with weekly telephone calls.

Implications of Research Written BAPs are a simple self-management tool that could be widely and easily used; however, the evidence base is sparse with only one published feasibility study suggesting efficacy. This study attempts to contribute to the evidence base by assessing whether COPD patients and carers find BAPs to be an acceptable intervention for managing acute and distressing episodes of breathlessness. Further research may prompt the creation of standardised, evidence-based guidelines to which all written BAPs should adhere.

P-23 NEUROGENIC BOWEL MANAGEMENT AT ST JOSEPH'S HOSPICE, UK A QUALITY IMPROVEMENT PROJECT

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Background Neurogenic Bowel (NB) is defined as dysfunction of the colon or rectum due to loss of normal sensory or motor control.[1] Symptoms such as constipation, diarrhoea or incontinence can severely impair an individual's physical, psychological, social, recreational and sexual wellbeing.[2] Guidelines dictate the standard for NB management in acute, neurorehabilitation and community settings.[3] We felt knowledge, skills and guidance were comparatively lacking at St Joseph's Hospice (STJH), where management was often reactive, rather than proactive, despite the high prevalence of neurological conditions.

Objectives To raise awareness of NB at STJH and improve the quality of life for patients through coordinated, multidisciplinary care.

Methods Employing Plan-Do-Study-Act (PDSA) quality improvement methodology, a multidisciplinary team (MDT) was assembled to plan how to improve NB management at the hospice. Initially, meetings were held with stakeholders, including the Practice Development Nurse and the Quality and Patient Experience Lead. Subsequently, a retrospective notes review of hospice inpatients at risk of neurogenic bowel was conducted over six months, gathering data on diagnosis, Palliative Care Outcome Scale (IPOS) scores, bowel charts, and prescribing practices. The first intervention comprised small-group teaching sessions at the hospice, accompanied by pre- and post-intervention questionnaires to assess staff knowledge and confidence. Collaborating with specialists at the National Spinal Injuries Centre, UK, a hospice-wide NB guideline was developed and implemented. Additionally, a patient information leaflet was created, and the Neurogenic Bowel Dysfunction Score (NBD) was integrated into the hospice's electronic records system. Ongoing assessments will include repeating an inpatient note review and charting of weekly NBD scores. Future plans include a simulation session to improve practical skills and collaboration with the hospice.

Results Baseline mean IPOS constipation score was 2.5 (SD=1.4, n=10). Pre- and post-teaching surveys showed only 10 of 25 staff had any knowledge of NB at baseline, with staff confidence in NB management increasing from 2.2

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(SD=1.56, n=15) to 6.0 (SD=3.0, n=15) on a 10-point scale.

Discussion This innovative project exemplifies the theme of constructing, challenging and transforming, as we learnt from neurorehabilitation to address the unique needs of hospice patients with NB. Rehabilitation and palliative care share common principles; rehabilitative palliative care aims to enable people to live as independently and fully as possible within the limitations of advancing illness.[4] This guideline represents the first dedicated to NB specifically in a hospice setting, to the authors' knowledge. While staff awareness and confidence have improved, further research is needed to assess patient symptom improvement. The IPOS subscale 'constipation' may not fully capture NB symptoms, suggesting the need for validation of the NBD score in a hospice setting.

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P-24 GUIDELINE FOR ANTICIPATORY PRESCRIBING FOR TERMINAL HAEMORRHAGE IN CANCER PATIENTS BASED ON CURRENT PRACTICE IN IRELAND

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Background A crisis pack, of one or more medications, is prescribed in anticipation of a terminal haemorrhage with the goal of alleviating patient distress.[1] A challenge in the prescription and administration of crisis packs is the lack of data to allow for evidence-based management. The literature published is largely case reports. Hence there is significant variability in which medications are used, including which dosage and route.

Objectives Establish current practice among senior palliative medicine physicians, regarding anticipatory prescribing to manage a terminal hemorrhage.

Review prescribing and administration of crisis packs in a specialist inpatient hospice unit (IPU) in Galway Hospice Foundation.

Generate a guideline informed by data collected.

Methods Part a) Questionnaire

An electronic questionnaire was sent to palliative medicine consultants and specialist registrars (SpRs) in the Republic of Ireland. Data was analysed using the online survey software and excel.

Part b) Prescribing in one IPU

A chart review of all patients admitted to a single IPU over a 3-month period (June 2023 – August 2023 inclusive) was conducted. Basic demographic data and prescription data was collected. Results were analysed using Stata/SE 18.0.

Results Part a) Questionnaire

The questionnaire was sent to 96 individuals. Response rate was 50%. 100% of participants prescribed crisis packs. The most prescribed medications were morphine (89.6%) and midazolam (100%). Over 95% prescribed medication via the subcutaneous route. Most participants 70.8% vary the dose of crisis medication charted based on if the patient is on a baseline anxiolytic/opioid. The calculations used for dose variation were inconsistent between participants. The most common inclusion criterion for prescribing by malignancy type was head and neck cancer. 65% of participants did not follow a guideline when prescribing.

Part b) Prescribing in one IPU

Study included 75 separate admissions. Three quarters of patients had a malignant diagnosis. No patients died due to an external haemorrhage. Crisis medications were prescribed in 17% of admissions but none were administered. All crisis packs were prescribed as a combination of midazolam and an opioid via subcutaneous route. There was little variation in dosing relative to baseline opioid/anxiolytic, with 76.9% of patients prescribed 10mg of both midazolam and morphine sulfate. In 2 cases the breakthrough (as needed) dose of opioid was greater than the dose of the opioid in the crisis pack.

Disussion Results demonstrate that there is little variation in the medications prescribed or the route. There is significant variation in the doses of medications prescribed and the indications for prescribing. To standardise crisis pack prescribing a guideline should be used. Given the concerns around the use of opioids for an event that is not thought to be painful and the use of subcutaneous route in the setting of a haemorrhage the use of intramuscular midazolam is recommended. Dosage of midazolam recommended is relative to baseline benzodiazepine. Recommendations are described further in the guideline.

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P-25 CHARACTERISING THE EMERGING MODEL OF PALLIATIVE CARE PROVISION TO ADOLESCENTS AND YOUNG ADULTS (AYA) AT A COMPREHENSIVE CANCER CENTRE IN VICTORIA, AUSTRALIA

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Background Early integration of palliative care for adolescents and young adults (AYA) with cancer improves outcomes for patients and families and reduces healthcare utilisation toward the end of life. As AYA oncology evolves, we require innovative models to achieve equitable access to needs-based palliative care for this heterogenous and geographically-dispersed population.

This CCC exists within a multi-hospital precinct and houses the state-wide AYA cancer service and an integrated palliative care service (IPCS) comprising outpatient clinics, inpatient consults, and palliative care units (PCU). Since 2020, there has been a formal collaboration between oncology and the IPCS; internal publication of an AYA palliative care framework;

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