

**P-48** **DEVELOPING AN EVIDENCE-BASED COMPASSIONATE EXTUBATION PROTOCOL IN AN ASIAN PAEDIATRIC INTENSIVE CARE UNIT**

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**Background** Palliative Care in the Intensive Care Unit (ICU) is a new field, with significant advances being made in the past 15 years. These include the establishment of Compassionate Extubation (CE) guidelines, especially since the COVID-19 pandemic saw a surge in patients dying on a ventilator. Guidelines globally advocate for good and early communication, the use of opioids, benzodiazepines, and anticholinergic medications for symptom management, the discontinuation of non-comfort directed measures, and steroids to mitigate upper airway obstruction.

The majority of in-hospital pediatric deaths occur in the Pediatric ICU (PICU), with 70% following withdrawal/limitation of life-sustaining therapy. However, the available guidelines for CE in the PICU setting are limited. In a recent scoping review of Pediatric CE, only six studies were available with only 3 based in the PICU.

This study aimed to review the current landscape in Pediatric CE and identify gaps in care as well as recommendations for future research.

**Methods** A broad search using PubMed and Google Scholar to screen for existing guidelines on CE in the PICU was followed by consultation with regional and international experts in the field. Guidelines were chosen based on relevance to the aim of this study and individual guidelines were assessed and compared using the AGREE II tool.

**Results** Eleven guidelines were reviewed, with 7 excluded because they lacked specific recommendations for CE/symptom management. No guideline was of high quality globally, with the domain most lacking in quality being rigour of development. This was likely because evidence in Pediatrics is lacking, with significant extrapolation from the more established adult services. More studies are needed to assess symptom control after CE to guide management. An audit of cases using the protocols evaluated may also identify further room for quality improvement.

**P-49** **CANCER INDUCED BONE PAIN – THE USE OF EDMONTON CLASSIFICATION SYSTEM FOR CANCER PAIN AND MANAGEMENT OF REFRACTORY PAIN**

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**Purpose** Cancer-induced bone pain (CIBP) affects a patient's functional capacity and quality of life, but there is limited evidence to guide opioid choice. We described the prevalence of the Edmonton Classification System for Cancer Pain (ECSCP) features in patients with bone metastases and assessed the possible efficacy of methadone rotation (MR) compared to other opioid rotations (OOR) in the cohort with refractory pain.

**Methods** Adults with bone metastases were assessed against ECS-CP features and those with worst pain intensity  $\geq 4/10$  and/or opioid toxicity graded  $\geq 2$  on the Common Terminology Criteria for Adverse Events (CTCAE) were randomised

1:1 to methadone or another opioid rotation. Standardised assessment tools were used at pre-defined study time points up to fourteen days.

**Results** From 147 eligible participants, 92.5% completed assessment. Mean participant age was 73.2 years. One or more ECS-CP features were present in 96.4% and CIBP in 75.7% of patients. Neuropathic pain was the most prevalent pain mechanism (45%) and was associated with breakthrough pain frequency, higher pain scores and background oral morphine equivalent daily dose (OMEDD). Of those with refractory CIBP, 38 (74.5%) consented, and 29 (76.3%, MR: 14, OOR: 15) completed the study. Both groups displayed significant reduction in pain intensities and total pain interference score. OMEDD reduced significantly in MR compared to OOR group ( $d = -0.8$ ,  $p = 0.05$ ). There was no within group or between group differences in satisfaction with analgesia at the end of the study.

**Conclusion** Standardised assessment and classification of pain syndromes can assist in developing personalized pain interventions. This pilot study demonstrated that MR and OOR in patients with refractory CIBP are feasible, safe, and acceptable to patients. Appropriately powered multi-centre randomised controlled studies are needed to confirm the efficacy of MR and OOR in this cohort.

**P-50** **A CASE STUDY OF UTILISING A CLASS-BASED FORMAT FOR TRAINING NEWLY-HIRED NURSES IN A HOME HOSPICE SERVICE IN SINGAPORE**

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**Rationale** This abstract describes postgraduate-level teaching for newly hired nurses at a community-based home hospice service in Singapore. This project is intended for the continuous professional development of in-service staff and faculty and is implemented during the probationary phase of employment for new staff.

**Background** Palliative home care nurses undertake the arduous responsibility of caring for the sick and the dying within the comfort of their own homes. The nature of the job necessitates healthcare providers to practice in a space outside their comfort zone, which adds to the already emotionally and mentally demanding work within the field of palliative care. New nurses joining a community-based hospice service require comprehensive and holistic training to face the challenges.

**Summary of Work** We developed a novel training programme that emphasised person-centred learning, anchored on the relational elements of learning. In a job that mostly sees nurses independently visiting and managing patients alone, we focused on building a strong sense of community within our new hires to guard against the solitude of independent practice. A group-based training format was developed, with regular in-person sessions, and new staff were encouraged to share their struggles and successes for advice and affirmation accordingly. This allowed for mentorship beyond the traditional preceptorship model of nursing education. It gave new nurses access to a multidisciplinary team of seniors they could turn to, focusing on sharing narratives from daily practice to demonstrate and affirm each nurse's learning and progression. Specific aspects of mindfulness in the workplace are deliberately introduced as part of the training sessions to foster a culture