

Suzie Gillon, Emma Lowe. *St Gemma's Hospice, Leeds, UK*

10.1136/bmjspcare-2014-000654.294

**Background** The modern hospice has to find a balance between providing traditional holistic palliative care, and up to date effective medical treatments and interventions. This has at times led to discussions that hospices are losing their unique identities and becoming akin to acute hospital wards.

**Aims** We sought to objectively quantify medical interventions in a cohort of hospice inpatients from our 32-bedded city-based hospice, with around 600 admissions a year. Interventions included were: antibiotics (oral and parenteral); blood transfusions; bisphosphonate infusions; fluid infusions (intravenous (IV) and subcutaneous), and procedures such as paracentesis. We also noted the number of patients having blood tests at any time during admission.

**Results** 140 notes were available from 144 consecutive hospice admissions from Jan 1<sup>st</sup> 2013. M=62, F=76. Mean age=72. Primary diagnosis: Malignancy=122 (87%). Mean length of stay=13.5 days (range 2 hours to 65 days). 84/140 (60%) of patients had at least one blood test during admission. 93/140 (66%) patients had no other interventions during their stay. 44 patients had interventions in the following categories:

'Other' comprised: albumin infusion (2); IV hydrocortisone (1); IV proton-pump inhibitors (3); transfer for coeliac plexus block (1) and transfer for management of neutropaenic sepsis (1).

**Conclusions** Although hospice care is undoubtedly evolving, the majority of patients still do not undergo active or 'invasive' interventions. Regular review of this would allow discussion and goal-setting re future priorities for hospice care. It is important to create a balance between providing the best evidence-based care for patients while also not undertaking unnecessary interventions.