to the guidelines set out by the College of Emergency Medicine (CEM, 2012)¹

Methodology Using retrospective analysis of patient notes, this audit asked appropriate questions adapted from the nine CEM criteria. Notes were examined from two groups of patients; those who died within the ED and those who died within 24 hours of ED admission (i.e. they had moved onto a different ward). For the purposes of this report, these will be referred to as Group A and Group B respectively. A sample of 2×25 patients overall was deemed to deliver sufficient transferable results.

Results

Group A (died within the ED)

- 19/25 families were involved with the care of their relatives
- 23/25 patients had ceilings of treatment imposed
- 14/25 patients had completed DNAR forms
- 23/25 patients had organ transplantation considered
- 20/25 families had bereavement services offered
- 0/25 patients had end of life pathways started

Group B (died within 24 hours)

- 13/25 families were involved with decision making about treatment
- 10/25 patients had ceilings of treatment imposed within the ED
- 0/25 patients had end of life pathways started
- 6/25 patients had completed DNAR forms

Conclusions This audit shows that the BRI ED is meeting four of the measured indicators, excluding those where it were not applicable, by over 80%. It also raises further questions about the validity of an end of life pathway within the ED environment, and the use of DNAR forms.

REFERENCE

- 1 College of emergency medicine Clinical effectiveness committee *End of life care for adults in the Emergency Department— Best practice Guidance* February 2012.

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AN AUDIT OF PALLIATIVE CARE PRACTICES IN THE BRISTOL ROYAL INFIRMARY EMERGENCY DEPARTMENT

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Aims The aim of this audit was to compare current practice in the Emergency Department of the Bristol Royal Infirmary (BRI)