

P 191 **RENAL FUNCTION AT THE END OF LIFE, A SNAPSHOT OF RENAL FUNCTION**

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10.1136/bmjspcare-2014-000654.232

As a result of the concerns raised about the use of artificial hydration at the end of life which has led to the phasing out of Liverpool Care Pathway, a review of 50 consecutive patient's blood results, who had died since January 2013 on an adult hospice in-patient unit was conducted looking for trends that could be explored further.

Results 2 patients did not have any recorded blood tests within 4 months of their death so were excluded

The remaining patient results were as follows

This initial survey suggests some interesting trends.

The next 50 consecutive deaths in the hospice are being analysed and more in depth analysis in terms of diagnosis and renal function six months prior to death is currently being carried out.

These results will be part of the final presentation.

Interval before death	Number of patients	Urea above normal range	Creatinine above normal range	Both abnormal
3 days or less	8	7 (88%) (max 36.6)	8 (100%) (max 285)	7
4–7 days before death	9	3 (33%) (max 9.2)	2 (22%) (max 150)	1
8–14 days before death	13	7 (54%) (max 21.5)	4 (31%) (max 172)	2
More than 14 days before death	18	7 (39%) (max 15)	3 (17%) (max 179)	2

Conclusion This is a snapshot of one hospice clinical review of patients blood test, rather than part of a structured clinical study. It is therefore uncontrolled and will have inherent bias. For example it is more likely that blood tests will be carried out if there is concern about impaired renal function, and this is more likely to happen closer to death. However the initial results suggests that both creatinine and urea levels do increase the closer death is, but not to catastrophic levels.