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MEETING PALLIATIVE CARE NEEDS AT THE END OF LIFE IN PATIENTS WITH INTERSTITIAL LUNG DISEASE

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Background British Thoracic Society (BTS 2008) and NICE (2013) Guidelines recommend integration of Palliative care with local services to enable access to best supportive care from diagnosis till death. In October 2012, a retrospective survey of medical records in the hospital trust evaluated palliative care needs and input of Specialist Palliative Care Team (SPCT) for patients with Interstitial Lung Disease (ILD). Subsequently, a pathway was developed to promote timely referral to the SPCT.

Aim To conduct an audit on current practice of palliative care management of hospital ILD patients approaching end of life against NICE, BTS and National End of Life care Strategy guidelines.

Method A three month (April-June 2013) retrospective audit of all in-patient deaths in a single tertiary cardio-respiratory hospital (415 bed capacity). Details of palliative care referrals and the management of such patients by the primary teams with emphasis on end of life pathways were reviewed.

Results Fifty-two patients with diagnosis of ILD were admitted in the said period. Of the 10 patients who had died in this period, 8 had accessible medical records. 62% (5/8) patients had a referral made to the Specialist Palliative Care team. 60% (3/5) were for complex symptom control and 40% (2/5) for consideration for hospice transfer. Breathlessness, cough, fatigue, anxiety and depression were the common symptoms that required management. Six of the eight patients had their prognosis discussed –5/6 by the primary medical team and one by the SPCT. Preferred place of death was discussed and achieved in 80% (4/5) patients seen by the SPCT. DNACPR form was completed in 75% (6/8) patients.

Conclusion Though good support exists for ILD patients in a tertiary care setting, there remains the scope for improvement through recognition of the services provided by the Specialist Palliative Care Team and more focused end of life care for such patients.