

British Clinical Diabetologists (ABCD) highlighted: avoidance of symptomatic hypo or hyperglycaemia; minimal blood glucose monitoring; review of oral hypoglycaemic agents; involvement of specialist diabetes team. Subsequent guidelines from the Joint British Diabetes Societies were published in July 2012.

Aim To audit the diabetic care of patients with DM who died in a district hospital using ABCD statement as the audit standard.

Method A retrospective case note audit of deaths between August 2011 and February 2012. The coding/ audit department identified patients coded to have DM at the time of death and/or DM was on the death certificate (parts I or II).

Results Records were available 61/67 patients (mean age 82, range 42–97; men 31). Type 2 DM was present in 54 (89%) and co morbidities were common: cancer (33%); other serious medical problems (66%), most commonly cardiovascular conditions and infections.

The diabetes team saw 13% and 31% were placed on an integrated care pathway for dying although 51 (80%) patients had DNAR forms.

ABCD guidance adherence Medication was reviewed/stopped in 25 (41%); blood glucose monitoring was stopped in 21 (34%) of those on the ICP for the dying. A total of 223 episodes of hypoglycaemic episodes were recorded of which only 33 episodes led to a change of medication.

Conclusion Special attention should be paid towards end of life in diabetic patients. We demonstrated significant inadequate adherence to ABCD guidance. Particular issues that need urgent attention include: recognition of dying; hypoglycaemic episodes with inadequate response; involvement by specialist diabetes teams. A re-audit will be conducted following targeted education of clinical staff.

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MANAGEMENT OF DIABETES IN PALLIATIVE CARE

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Background Of the half a million people who die in the United Kingdom each year, approximately 6–9% will have Diabetes Mellitus (DM). The 2011 position statement regarding diabetes management at the end of life released by the Association of