THE USE OF MEDICATIONS IN THE LAST 24 HOURS OF LIFE IN THE ACUTE HOSPITAL SETTING—A DESCRIPTIVE COMPARISON OF CANCER AND NON-CANCER PATIENTS USING DATA FROM THE NATIONAL CARE OF THE DYING AUDIT HOSPITALS—ENGLAND (NCDAH) 2013/14

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Introduction
International consensus exists for the use of 4 key drugs pertinent to care of the dying and the use of CSCI is advocated, where appropriate, to support patient comfort. In the NCDAH 2008/09, 54% of 3,893 patients had CSCI prescribed; of these 1026 were cancer patients (67% of all cancer patients) and 1080 were non-cancer patients (46% of all non-cancer patients).

Aim(s) and method(s)
Aim: to explore medications and dosages prescribed via CSCI in the last 24 hours of life for cancer and non-cancer patients.

Using clinical data from 6,580 cases (from 149 sites) reported within the NCDAH 2013/14, combinations and doses of drugs given via CSCI in the last 24 hours of life were analysed descriptively.

Results
CSCI prescribed for 1,850 (28%) patients. 722 were cancer patients; 1128 were non-cancer patients (representing 46% and 22% of all cancer and non-cancer patients, respectively). Non-cancer patients were older (83 vs 74) and had recognition of ‘dying’ earlier (75 hours vs 62 hours prior to death). The 4 key drugs were regularly prescribed. Most (both groups) received 2 or 3 drugs; most common 2 drug combination – sedative (usually Midazolam) and opiate (usually Morphine). Median doses – Midazolam (both groups) – 10 mg over 24 hours; Opiates: Morphine – cancer 15 mg, non-cancer 10 mg; Diamorphine – cancer 12.5 mg, non-cancer 10 mg.

Conclusion(s)
The use of CSCI is around half of that in 2008/9. Type of drugs administered was similar in both groups. Dose of opiates for non-cancer patients was lower on average.