were given drugs both by continuous subcutaneous infusion and as stat doses. The drugs were most often given by generalist community nurses or nursing home staff (91%). There was little difference between drug prescription and administration in malignant or non-malignant disease.

**Conclusions** When prescribe, injectable medication is frequently used in the last week of life, especially diamorphine, midazolam, cyclizine and glycopyrronium. Administration is usually by staff who are not specialist in palliative care, highlighting the need for support and education for community healthcare professionals.

**Methodology** A retrospective case note audit was conducted of prescribing in acute medical admissions (AMU) was meeting current guidance regarding opioid prescribing in acute medical admissions

**Results** 14 patients were prescribed an opioid and only 5 met the audit standards. 4 out of 6 opioid naïve patients commenced on morphine IR solution were prescribed a dose higher than recommended. 1 of 5 patients on a long-acting opioid had a correct PRN dose prescribed. A half of patients with a reduced eGFR were given drugs both by continuous subcutaneous infusion and as stat doses.

**Recommendations**
1. Conduct a live audit of patients admitted to AMU over two weeks to expand data
2. Develop specific guidance for opioid adjustment in AKI and for initiating opioids in patients with a reduced eGFR on AMU.
3. Share audit findings and conduct teaching for acute medicine trainees regarding opioid prescribing in acute medical admissions.
4. Repeat audit after interventions taken place.