side effects, and also places avoidable financial strain on the health service. An Australian group published an 'OncPal deprescribing guideline' to assist clinicians in identifying potentially inappropriate medications (PIMs), which was used to help reduce polypharmacy in patients discharged from our hospice [2].

Methods Retrospective case note review of patients with a prognosis of six months or less discharged from our inpatient unit during two 2 month periods, was performed. PIMs were identified using the OncPal guideline and then assessed for appropriateness independently by two hospice doctors. Following baseline data collection, the hospice used posters and multidisciplinary team meetings to encourage use of the OncPal guideline in an effort to raise awareness and eradicate futile medicines.

Results Baseline data (n=19) revealed that there were 61 PIMs on admission, of which 19.7% were deemed truly inappropriate by both doctors. Of these, 75% were discontinued, resulting in 0.16 truly inappropriate medications per patient on discharge. Between the 2 reviewing doctors, there was discordance over the perceived appropriateness of 19.7% of admission medications. Post-intervention data (n=9) showed 54.8% of admission PIMs were considered truly inappropriate by both doctors, of which 35.3% were ceased, resulting in 1.22 truly inappropriate PIMs on discharge. However, discordance had dropped to 6.5%.

Conclusions These results highlight the difficulties in managing medications in palliative patients. Whilst the OncPal deprescribing guideline may help healthcare professionals to identify PIMs, more interventions are needed to empower doctors to appropriately stop these medications, to the benefit of patients and the healthcare sector as a whole.

P-100 NEEDS IDENTIFICATION AND PLANNING FOR PALLIATIVE CARE IN CHILDREN WITH LIFE-LIMITING CONDITIONS

Archana Soman. *Norfolk and Norwich University Hospital NHSFT, Norwich, UK*

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Introduction The need for pro-active planning and delivery of multidisciplinary (MDT) care to children with life-limiting conditions (LLC) is widely acknowledged, and 'standards frameworks' have been recommended by Together for Short Lives and others. Palliative and end-of-life care are important priorities of the United Kingdom government.

Methods We conducted a retrospective case-notes audit of 20 children (8 cancer and 12 non-cancer), aged 28 days to 16 years, who had died as a direct result of a LLC, against seven pre-agreed standards. Sudden deaths, neonatal deaths and deaths within a month of diagnosis were excluded.

Results

- A 'breaking-bad-news' meeting was documented in 95% **(Oncology 100%, non-oncology 91.6%)**, but this focussed on the diagnosis, and discussion of prognoses was lacking in most.
- A MDT meeting was documented in 85% **(Oncology: 100%, non-oncology: 75%).**
- A key worker and a lead professional were both identified in 45% **(Oncology: 87.5%, non-oncology: 16.7%; p=0.01).**
- MDT assessment of palliative care needs was documented in 60% **(Oncology: 100%, non-oncology: 33.3%; p=0.015).**
- Symptom management plans were found in 65% **(Oncology: 100%, non-oncology: 41.7%; p=0.0225).**
- Family and psycho-social needs were documented in 75% **(Oncology: 100%, non-oncology: 58.3%).**
- End-of-life care plans were documented in full in 40% **(Oncology: 75%, non-oncology: 16.7%; p=0.0325).**

Recommendations and conclusion Recognition of needs and planning for palliative care in children remains sub-optimal overall, especially so in children with non-cancer LLC. This audit has led to much introspection and an acknowledgement of the need for hearts-and-minds change in clinicians' approaches. We hope to influence commissioners to develop a robust children's palliative care service with a complex-care co-ordinator, rolling MDT meetings and dedicated paediatrician time. A sub-regional working group is mapping services to needs, in order to identify further gaps. A comprehensive care pathway that will incorporate palliative and end-of-life care plans has been written, with input from parent groups.

P-101 SOLSTICE: SANCUSO® IN SUPPORTIVE AND PALLIATIVE CARE; A FEASIBILITY STUDY IN PATIENTS WITH CANCER AND REFRACTORY NAUSEA AND VOMITING

[1]Emma Dean, [2]Richard Berman, [1]Shaun Villa. *[1]Experimental Cancer Medicine Team, The Christie NHS Foundation Trust, Manchester, UK; [2]Palliative Care Support TeamThe Christie NHS Foundation Trust, Manchester, UK*

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Background Nausea and vomiting (N and V) are common, debilitating symptoms in patients with cancer, often precipitating inpatient admission for subcutaneous/intravenous antiemetics and re-hydration. Currently, there are no evidence-based solutions and treatment algorithms differ across clinical practice. Some of these patients will experience difficulty swallowing tablets and/or are unable to keep oral medications down. Treatments for patients with cancer may also reduce the ability of the intestines to absorb medicines within a tablet.

SANCUSO® (Granisetron Transdermal System [transdermal skin patch]) is indicated for the prevention of (N and V) in patients receiving moderately and/or highly emetogenic chemotherapy regimens. The SANCUSO® patch delivers consistent, predictable levels of granisetron throughout five days with smoother daily pharmacokinetics compared to daily dosing. The role of Sancuso in patients with cancer and refractory N and V which is unrelated to chemotherapy has not been explored.

Methods An open-label, randomised feasibility study comparing Sancuso with 'physician's choice' of antiemetic in patients with cancer and refractory N and V. A feasibility study is required at this juncture as standard antiemetic treatment in this patient population is undefined, and the therapeutic efficacy of Sancuso requires appraisal before embarking on a larger randomised trial. To assess feasibility, objectives have been categorised into the four domains; **(i) Recruitment** - assess the number of patients approached, consent rate, number of eligible patients and explore the methods used to identify potential patients **(ii) Patients** - willingness to participate and acceptability of the intervention **(iii) Clinicians'** - ability to recruit, which physician's choice is selected, experience including monitoring of prescribing practice in the control

arm **(iv) Trial procedures** - determine the appropriate primary outcome, adherence/compliance rates

Implications We aim to determine whether this approach is feasible and warrants further investigation in a larger randomised Phase II trial leading to a confirmatory multi-centre randomised Phase III trial to include a cost-effectiveness appraisal.

P-102 USE OF OPIOIDS AS AN ADJUNCT IN THE MANAGEMENT OF SIALORRHEA IN MOTOR NEURONE DISEASE

[1]Ee Jane Lim, [2]Woon Fang NG, [2]Ee Chin LOH, [1]Matthew STAHL. *[1]University College London, UK; [2]Universiti Malaya Medical Centre, Malaysia*

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Background Current treatments for thin, watery hypersalivation in MND include conservative methods, anti-muscarinics, and Botulinum toxin injection or radiotherapy of the salivary glands (Young, Ellis, Johnson, Sathasivam, & Pih, 2011).

Objective To report a case of sialorrhea in an MND patient in whom conventional treatment options were not helpful or tolerated. Morphine was trialled and found to reduce symptoms.

Results W is a 42-year-old gentleman who was diagnosed with MND in 2013 needing BiPAP ventilation by January 2015. In February 2016, W presented with sialorrhea, and was started on 12.5 mg Amitriptyline once nightly. However, he developed daytime somnolence, without significant symptom improvements and was switched to Benzhexol (Artane), 2 mg/day in March. W was also trialled on Oramorph 2–4 mg PRN as an adjunct to Benzhexol, which he took about twice daily.

In August 2016, W presented with increased mucus plugging of his lower respiratory tract, intolerably dry oral mucosa, and thick oral secretions that became stuck at the back of his throat. Benzhexol was stopped and W underwent one session of radiotherapy. This only reduced his sialorrhea for 2 weeks, after which W developed salivary flooding every 1–2 hours. Morphine was then delivered via a continuous subcutaneous infusion (CSCI) 20 mg/24 hours, which improved W's symptoms and alleviated salivary flooding.

As the MND progressed, W developed an ineffective cough and was unable to clear thick lower respiratory tract secretions. A cough assist machine was introduced.

W is currently on 25 mcg Fentanyl Patch (72 hourly) and a cough assist machine. W does not report any problems with daytime drowsiness, excessively dry oral mucosa, salivary flooding or thick secretions in the upper or lower respiratory tract.

Conclusion We propose that opioids have a measure of anticholinergic effects, which when used as an adjunct with existing therapies for MND, address the balance between excessive watery secretions and thick mucus plugging.

P-103 A SYSTEMATIC REVIEW OF THE EFFECTIVENESS OF PALLIATIVE INTERVENTIONS TO TREAT RECTAL TENESMUS IN CANCER

[1]Aine Ni Laoire, [2]Lucy Fettes, [2]Fliss E M Murtagh. *[1]Milford Care Centre, Ireland; [2]Cicely Saunders Institute Kings College London, UK*

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Background Rectal tenesmus is a distressing symptom in patients with advanced cancer and challenging to treat. There is lack of consensus on the appropriate management of rectal tenesmus in this patient population.

Aim To identify and examine the effectiveness of interventions to palliate rectal tenesmus caused by advanced cancer when surgery, radiotherapy or chemotherapy are no longer treatment options.

Design A systematic review of the literature following standard systematic review methodology and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidance.

Data sources A comprehensive search of the electronic databases MEDLINE, EMBASE and the Cochrane Library was conducted from the date of inception to April 2016. PubMed "related articles", grey literature, and hand-searches of the bibliographies of relevant papers and textbooks were also performed. Non-cancer patients were excluded. Any studies involving surgery or radiotherapy to treat tenesmus were excluded. Studies involving interventions to treat pelvic pain syndromes without specific outcome measures on severity of tenesmus were excluded. The quality of the studies was assessed using a National Institute for Health and Clinical Excellence recommended quality assessment tool.

Results From 861 studies, nine met full criteria and were selected. All were case series investigating the use of pharmacological interventions (diltiazem, nifedipine, methadone, mexiletine hydrochloride, lidocaine, bupivacaine), anaesthetic interventions (lumbar sympathectomy, neurolytic superior hypogastric plexus block), and endoscopic laser interventions. The included studies showed substantial heterogeneity and therefore a meta-analysis was not feasible.

Conclusion From this review we identified a significant gap in research into the palliation of rectal tenesmus. A multimodal approach may be necessary due to the complexity of the pathophysiology of tenesmus. Future research in this area should focus on randomised controlled trials of drug therapies whose potential effectiveness is suggested by case series'.

P-104 RECOGNISING DYING IN ADULTS: IDENTIFYING PATIENTS IN THE LAST 12 MONTHS OF LIFE

Zoe McKinstry. *Salford Royal Foundation Trust, Manchester, Greater Manchester*

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Background Recognising dying presents a challenge for healthcare workers, prognostic uncertainty can be a barrier to advanced care planning. NICE quality standard 13 Quality statement 1 states; *People approaching the end of life are identified in a timely way.* The GMC defines approaching end of life as when a person is likely to die within the next 12 months.

Method I conducted a retrospective audit of 27 patients who died in hospital over a 2 week period in 2016. Data was collected for 3 separate time intervals; 12 months- 6 months before death, 6 months to 7 days before death and the last 7 days of life.

Results At 12 months to 6 months before their death, most patients (19/27) met the criteria for Gold standard framework, however no patients had formal advanced care planning documented, 3/27 had DNA-CPR in place. At 6 months to 7 days before death all patients met criteria for GSF, more than could be identified as advanced or unstable disease, 3/27 had