As she weakened, she couldn’t swallow her oral medications, necessitating discontinuation of her baclofen.

Three days later, she developed painful spasticity of her temporomandibular joint muscles. She was very distressed by this symptom. It persisted over the following five days despite opioid analgesia and benzodiazepines. A literature review revealed a case report demonstrating the effective and well-tolerated use of subcutaneous baclofen in a patient who could no longer take his medications via PEG.

A decision was made to commence a continuous subcutaneous infusion with baclofen 10 mg over 24 hours and NaCl as the diluent. The intrathecal formulation of baclofen was used.

The following day, the patient reported improvement in her spasticity, and she was able to open her mouth. The improvement was sustained over the following four days, and she experienced no skin reactions at the infusion site. At this time she could no longer communicate, and she was beginning to die. The baclofen was discontinued as she was no longer benefiting.

Conclusion This case illustrates the effective and well-tolerated administration of baclofen via subcutaneous infusion. If appropriate, we may consider this route again.

**P-120 RETROSPECTIVE ANALYSIS OF THE TIMELINESS OF COMPLETION OF PAPERWORK AND COMMUNICATION TO GENERAL PRACTICE (GP) FOLLOWING DEATH**


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Aims Primary aim: Assess compliance with national standards for completion of death certificates within 1 working day. Secondary aim: Evaluate speed and form of communication of death to GP.

Background It is understood that effective and prompt communication to GPs facilitates provision of bereavement support to relatives after a death. Delayed paperwork delays funeral arrangements and causes unnecessary distress to those bereaved. There is very little research on how timing of paperwork and communication to the GP impacts on bereavement. This audit forms the initial work to address these issues in greater depth.

Methods Retrospective review of clinical notes in an acute cancer hospital between 1/12/15 and 31/3/16.

Results 87 patients died during the audit period. Death certificates were completed within 1 working day for 91.9% (79/86) patients. 1 patient was referred for post mortem so was excluded here. GPs were informed of death via discharge summaries or telephone conversations. Overall it was documented that 78% (68/87) GPs were informed of the patient’s death. Summaries were completed within 1 working day of death for 60.9% (53/87), 2 or more working days for 17.2% (15/87). For 21.8% (19/87), the summary was not completed. 20% (17/87) deaths were communicated by phone.

Conclusion Overall, death certification was completed in a timely fashion. Discharge summaries were completed promptly for most, but 21.8% were never completed.

The discrepancy in communication with GPs highlights the need for interventions to ensure information is communicated promptly and effectively to facilitate ongoing bereavement support. This could be achieved with dedicated proformas,