was used more at Hospice 2. None of the patients received Phenobarbitone. Compliance with the audit standards was 65%–75%.

**Conclusions** Anxiolytic and antipsychotic medications were widely used in the last week of life, with variations in practice in terms of the drugs and doses used. Classification of the indication for use was inconsistent. Following the audit we developed a framework for use of these drugs at the end of life.

**REFERENCES**

**USE OF BONE PROTECTION IN PATIENTS WITH PRIMARY INTRACRANIAL TUMOURS ON LONG TERM CORTICOSTEROIDS**

1,2Jennifer Brennock, 2Norma O’Leary, 3Cliona Hayden- Leary, 3St. Vincent’s University Hospital, Dublin 4, Ireland; 2Our Lady’s Hospice and Care Services, Harold’s Cross, Dublin 6W

10.1136/bmjspcare-2017-00133.14

**Methods** A retrospective snapshot audit examining 37 community deaths known to St Raphael’s Hospice, between December 2015 and January 2016. Notes were accessed, results collated and analysed from online records held within the hospice.

**Results** Out of the 37 deaths recorded, 33 had injectable PRN medications requested. 35% of patients received medications within 24 hours of the request and 88% received them in less than two weeks. 78% of patients died within a month of PRN medications being prescribed. All patients had the correct opioids prescribed, with 43% receiving alternatives due to poor renal function. Once prescribed and received, 71% of patients used their medications within 24 hours of receiving them.

**Conclusions** The audit identified that the majority of patients are having their anticipatory medication prescribed appropriately prior to their death and were receiving them in a timely manner (within two weeks). However: considering that in most cases, medications were used within 24 hours, there is potential room for improvement. The process by which patients receive their PRN medication requires further investigation to identify and overcome possible problems. The audit also highlighted a number of cases of incomplete or inconsistent record keeping. This emphasised the importance of clear documentation, especially in the community, where multiple teams are involved in patients’ care.

**AN AUDIT OF THE STANDARD OF COMPLETION OF THE ACHIEVING PRIORITIES OF CARE (APOC) PAPERWORK – PILOT AUDIT IN THE WESSEX REGIONAL RENAL DEPARTMENT, QUEEN ALEXANDRA HOSPITAL, PORTSMOUTH**

Rebecca Allan, Portsmouth Hospitals NHS Trust, Fareham, UK

10.1136/bmjspcare-2017-00133.15

**Background** In 2014, The Leadership Alliance for the Care of Dying People developed the five priorities of care for people in the last hours or days of their life. To facilitate the implementation of these priorities in Queen Alexandra Hospital, Portsmouth, a regionally created document came into use in