

Results Results have shown a reduction in missed administration of drugs, a reduction in drug errors, both in prescribing and administration, increased speed of response for discharge prescriptions and a cost reduction in the pharmacy budget to the hospice.

Conclusion Electronic prescribing is a safe and efficient method for the prescribing and administration of drugs within an independent hospice.

P-127 IMPROVING ADMINISTRATION TIME OF CONTROLLED DRUGS

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Background In response to a perceived increase in patient needs and associated increase in workload, a simple analysis of nursing activity highlighted a need to revisit working practices and procedures. Of particular note for this poster was that each day 15 hours of registered nurse (RN) time was dedicated to the administration of 'as required'/PRN controlled drugs (CDs) along with additional (unmeasured) time required to administer those on a recurring prescription.

Aims

- Optimise symptom management
- Administer CDs alongside other medications
- Improve response time to requests for PRN CDs
- Create efficiencies in RN time management.

Methods

- Established a time limited working party to consider and modernise CD working practices. The group comprised:
 - Two staff nurses
 - Medical representation
 - Ward manager and sisters
 - CD Accountable Officer/registered manager
- Consider relevant aspects of The Misuse of Drugs Regulations 2001, Controlled drugs regulations and associated guidance
- Developed a robust and safe approach to CD management
- In conjunction with NHS England, a thorough risk assessment was completed.

Results A system has been devised which will make greater use of named patient CDs (oral/transdermal) rather than 'stock' CDs; this will enable:

- Storage of named patient CDs (regular prescriptions and PRN) in high quality medicines cupboards at each individual patient's bedside
- Secure and prompt access to the cupboards by registered nurses
- Single nurse administration of these CDs supported by a robust system of checks and balances
- Fully revised Standard Operating Procedures (CDs)
- Scope does not include parenteral medications.

Conclusion

- Benefits:**
- Rapid access to PRN medications when needed
 - Timely administration of regular prescription CDs and non-CDs; thus, a more responsive approach to much needed symptom management
 - Reduced time locating stock cupboard keys
 - Reduced risk of incorrect administration.

P-128 A QUALITATIVE ANALYSIS OF THE EXPERIENCE OF EPISODIC BREATHLESSNESS IN ADVANCED LUNG CANCER

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Background Episodic breathlessness is a common and distressing symptom for people with advanced lung cancer, impacting carers as well as patients. Previous research has quantified the symptom occurrence of episodic breathlessness, identifying the average frequency, duration and severity of episodes, but rarely explored the lived experience of these different aspects. More understanding of the distress associated specifically with episodic breathlessness would inform more appropriate treatment strategies.

Aims To explore the nature of the distress associated with episodic breathlessness and the extent to which each aspect is bothersome for people with advanced lung cancer.

Methods Semi-structured interviews, analysed with an interpretative phenomenological approach, were conducted with four participants recruited from a hospice in Essex. All participants had advanced lung cancer. Ethical approval was secured from NRES Committee London – Hampstead (15/LO/1423) prior to the start of the study.

Results A multifaceted relationship existed between participants' perceptions of duration, frequency and severity in episodic breathlessness. The following key themes emerged: impact on self; searching for answers; impact of previous experience; emotional work of episodic breathlessness; difficulty in quantifying different aspects; identifying most bothersome aspects. Patients benchmarked severity against previous episodes. The unpredictability of severity and duration and constant assessment of potential triggers causing frequency engendered anxiety. Participants appeared to conflate severity and duration more than frequency, but one aspect often impacted a participant's perceptions of the other two.

Conclusions Findings suggest a complex, subjective relationship between different aspects of episodic breathlessness. The importance of considering the whole symptom experience, rather than just symptom occurrence is highlighted. The emotional work of episodic breathlessness should be considered in its management, as well as the interaction between different aspects. Clinicians should be aware of differences between individuals and seek to understand their lived experiences of episodic breathlessness to ensure appropriate treatment of this difficult symptom.

P-129 THE USE OF RELAXATION, GUIDED IMAGERY AND VISUALISATION TECHNIQUES TO HELP RELIEVE ANXIETY AND PAIN IN PALLIATIVE CARE

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Non-pharmacological interventions are not always considered as a primary or concurrent treatment for complex physical symptoms. Work carried out within the hospice setting has shown marked improvements in the physical and psychological condition of patients who have difficulty to control symptoms, by using alternative patient-centred, holistic techniques.