environment and provide skills for the future. Some participants suggested it would be helpful at the start of their post in Medicine for the Elderly.

All Doctors reported gaining confidence in challenging conversations and in particular DNACPR discussions.

Conclusion Foundation Doctors appreciate the opportunity to develop confidence in communication skills at a very early stage in their career. Embedding these skills early can help to improve life-long communication, patient care and reduce complaints.

28 AUDIT ON THE IMPACT OF NEW GUIDANCE ON STRONG OPIOID PRESCRIBING FOR ADULT PALLIATIVE CARE PATIENTS IN A LARGE HOSPITAL TRUST

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Background Following a series of clinical incidents it was recognised that guidance on the use of strong opioids for adult palliative care patients was needed to reduce errors and improve safe prescribing.

Extensive guidance was developed by the palliative care team and disseminated and publicised. This audit reviewed the impact of this guidance on opioid prescribing standards.

Methods Two wards with a large number of palliative care patients were identified, an oncology and a respiratory medicine ward. The ward ‘Controlled Drug’ registers were used to identify patients receiving strong opioids. Full case note and drug chart review was completed and each opioid prescription and corresponding notes were analysed.

Baseline results were obtained prior to the dissemination of guidance. The second round was completed eight months after the guidance had been published and publicised.

Results A total of 80 case notes and 140 opioid prescriptions were audited across the two rounds. The respiratory patients were older and had a wider range of pathologies but oncology patients were more likely to be on strong opioids on admission.

Compared to baseline, the second round demonstrated that more patients had their admission opioids appropriately titrated (87% vs 64.5%). New opioid prescriptions also had more appropriate PRN dosing, review (57% vs 53%) and titration (76% vs 71%).

The second round also demonstrated greater review of side effects (36% vs 28%) and associated supportive prescribing. Opioid toxicity was rare, occurring in only 6% of the patients audited with no recorded use of Naloxone.

Conclusions The audit was limited by its size and availability of notes and drug charts, however, modest improvements in strong opioid prescribing were demonstrated. Dissemination of best practice in a large hospital Trust remains challenging and further audit should perhaps focus upon how best to embed new guidance within clinical practice.