

It is recommended that doctors fully document the CPR discussions when completing these templates even if the uDNACPR is in place, especially with relatives of patients without capacity.

### 73 INTRODUCTION OF A COMMUNITY PALLIATIVE CARE DRUG CHART TO FACILITATE INDIVIDUALISED AND APPROPRIATE ANTICIPATORY PRESCRIBING

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**Background** NICE guidelines stress the importance of individualised anticipatory prescribing for people who are likely to need symptom control in the last days of life. A Community Palliative Care Drug Chart for the authorisation of individualised subcutaneous palliative care medication via injection or syringe pump was developed and introduced by a regional anticipatory prescribing working party. The chart does not use a proforma approach, which has been linked to over medication, but does incorporate guidance and is designed to cross settings.

#### Aim

- To evaluate whether the chart and guidance facilitates safe, appropriate and consistent anticipatory prescribing for patients 1 year after introduction.
- To identify any required chart adaptations and areas for education.

**Methods** The notes of 49 expected deaths from District Nurse caseloads were examined for the presence of a chart. 32 charts were reviewed to establish whether anticipatory prescribing complied with local guidelines and to record any themes from non-compliance. A survey of 20 local GPs was conducted.

**Results** 47 of the 49 expected deaths had a chart in place. For as required medication the percentage meeting the standards for choice of drug, dose and route were as follows: opioid (84%), antiemetic (97%), antisecretory (94%) and anxiolytic (94%). In 7 cases the range for opioid or midazolam in a syringe pump was greater than advised in guidelines. All GPs surveyed agreed that the chart facilitates safe and appropriate anticipatory prescribing.

**Conclusion** The chart and guidance facilitate safe, appropriate and consistent anticipatory prescribing for patients, resulting in improved compliance with standards when compared to a local audit from 2010. Changes to the chart and further education is needed in relation to syringe pump ranges and timing of authorisation. We have subsequently developed a new 'intelligent' protocol within the EMIS GP record to further enhance individualised anticipatory prescribing.

### 74 ANTICIPATORY PRESCRIBING IN PALLIATIVE CARE: EVALUATION OF CURRENT PRACTICE

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**Background** National guidelines endorse prescription of medications in anticipation of symptoms in the last days of life.

Little is known about current practice in anticipatory prescribing (AP). A service evaluation was undertaken to evaluate AP across one county in the UK.

**Method** Electronic records were searched of patients known to the Bedfordshire PEPS (Partnership for Excellence in Palliative Support) Co-ordination Centre, who had died during a one-year period and had been prescribed injectable medications for symptom control.

**Results** Out of 392 eligible patients, the records of 132 were selected at random. 486 injectable medications were prescribed: 77% were in anticipation of symptoms and 23% in response to existing symptoms. Diamorphine and midazolam were most commonly prescribed in anticipation, with 43/88 (49%) and 41/93 (44%) prescriptions leading to drug administration respectively. The corresponding data for glycopyrronium, cyclizine, haloperidol and metoclopramide were 25/78 (32%), 15/67 (22%), 3/11 (27%) and 3/14 (21%). Overall, only 37% of all medications prescribed in anticipation were administered. Recognition of the need for AP came from palliative care nurses (50%), GPs (32%) and District Nurses (14%).

Most patients had malignant disease (87%). The median time between prescription and first drug administration was 9 days in patients with cancer (range 0–368), and 61 days in those with non-malignant disease (range 3–298).

**Conclusion** Most prescribing of injectable medications was in anticipation, rather than in response to, symptoms. About a third of anticipatory prescribing led to drug administration. Although diamorphine and midazolam were both commonly prescribed and administered, antiemetics were less so. Further work is needed to evaluate the cost-effectiveness of AP, particularly in relation to antiemetics, and to investigate the unexpectedly long interval between drug prescription and administration in patients with non-malignant disease.

### 75 SYMPTOM MANAGEMENT AT THE END OF LIFE: AN EVALUATION OF DOCUMENTED RESPONSE POST-ADMINISTRATION OF ANTICIPATORY MEDICATIONS IN A DISTRICT GENERAL HOSPITAL

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**Background** The standard of practice for end of life care in the UK is to use anticipatory medications for symptom control. Given this it is important for the benefits or side effects of the medication to be identified so they can be adjusted to meet the patient's needs.

**Aim** To assess how frequently the response to anticipatory medications was documented by nursing staff, in both general wards and specialist palliative care beds at a district general hospital.

**Methods** A retrospective audit was conducted at a district general hospital in the UK. All palliative care referrals during October 2016 were audited for evidence of anticipatory medication use and whether there was any nursing documentation of its effectiveness. This was also done for all patients admitted to the newly-established specialist palliative care beds at the same hospital over a three month period in 2017.

**Results** 102 patients were referred to palliative care in October 2016, of which 50 had anticipatory medications given. Of