

1223 of those trained came from 8 other countries within the region. MPCU staff gained: 5 BSc, 2 Masters, 1 PhD qualifications. 103 abstracts presented at national and international conferences and 11 papers published. Impact assessments include: evaluation of integrated model including link nurses; outcome of PC interventions; educational impact; research capacity building; morphine use; experience of patients and staff; and evaluation of specific projects.

**Conclusions** Developing a strategic plan embedding a coherent and integrated approach to PC ensures evidence based practice has become routine and outcomes regularly assessed. Partnerships have allowed for wide project work and dissemination. An integrated model allows generalist PC to be empowered with specialist support This review is helping shape the next strategic plan.

## Pain | Posters 101–104

### 101 TIMELY ADMINISTRATION OF ANALGESIA

Clive Hunt, Paul Turner, Amy Pharaoh. *Poole Hospital NHS Foundation Trust*

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**Background** An expectation-reality gap exists between the length of time on-request analgesia is requested and the time it is administered. In addition to the physical and psychological benefits of prioritising patient comfort, prompt access to analgesia has been shown to reduce length of hospital stay and improve patient overall satisfaction with care.

#### Objectives

- To identify the median time taken from when a patient requests prescribed analgesia to when the analgesia is administered.
- To consider the feasibility of creating a local standard relating to the time taken from when a patient requests analgesia to when it is administered.

**Method** Patients on two oncology wards requiring PRN analgesia were invited to participate in a prospective audit. Data collection was via a patient held self-evaluation analgesia request diary. In addition to recording time taken to administer analgesia following request, participants also recorded pain scores and overall satisfaction with care. Written consent was obtained from all participating patients.

**Results** In total 15 patients were consented although not all patients recruited ultimately returned data. Data was evaluated relating to 16 episodes of administered analgesia. Oramorph was the analgesia most frequently administered although Naproxen, subcutaneous morphine and Oxycodone MR were also used.

Time taken from the patient requesting analgesia to the time it was administered ranged from 4 min to 30 min; the median time was 9.75 min.

**Conclusion** Despite the lower than expected number of participants recruited into this audit, the audit process highlighted the variable complexities and barriers that exist if aiming to create a Hospital Standard relating to the time taken to administer on request analgesia, these include; type of pharmacology, medicines management policies, environmental and organisational factors.

This audit concludes that developing a Pain Pledge may be more apposite than creating a Pain Standard.

### 102 IS THE USE OF SUB-CUTANEOUS ALFENTANIL OUTSIDE THE CCU SETTING COMPLIANT WITH LOCAL GUIDELINES? A RETROSPECTIVE AUDIT IN A TERTIARY CANCER CENTRE

A Tweddle, J Most, A Halley, J Droney. *The Royal Marsden NHS Foundation Trust*

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**Background** The Royal Marsden NHS Foundation Trust is a tertiary referral cancer centre. The Symptom control and palliative care team have opioid prescribing guidelines. There are specific guidelines for Alfentanil given that it is an infrequently prescribed drug on the inpatient wards, to reduce the risk of error. We carried out a retrospective re-audit of our adherence to the trust alfentanil prescribing guidelines.

**Methods** We identified, using the ward controlled drug log books, all inpatients across the trust (except those on CCU) who had Alfentanil prescribed at any point during 2016. We extracted data on the grade of prescriber, whether the palliative care team were consulted, indication for use, documentation of calculation, the breakthrough dose prescribed and if the calculation had been checked with a senior team member.

**Results** 59 patients in 2016 had been prescribed alfentanil. In 100% of cases the palliative care team had been consulted. In 59% of cases the prescriber was SHO level. The most common indication was renal impairment. In 99% of cases the indication was appropriate. In only 45% of cases there was documentation of a calculation. 85% of those in whom alfentanil was used as a PRN had an appropriate PRN dose charted. In only 54% of cases there had been discussion with a senior team member.

**Conclusion** There are improvements we can make in the documentation of the calculation of the alfentanil dose and also in engagement with the need to discuss the dose calculation. We proposed that the ward pharmacists check the dose conversion and verify that there has been discussion with a senior palliative care team member, as part of their routine inpatient drug chart checking process. We also proposed that specific guidance is given on the trust standards for prescribing alfentanil as part of the junior doctor induction programme

### 103 PRESCRIPTION OF BUCCAL FENTANYL IN DOROTHY HOUSE HOSPICE IPU

Rebecca Bhatia, Patricia Needham. *Dorothy House Hospice*

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**Background** The IPU team experienced difficulties regulating the use of buccal fentanyl in a small number of patients.

**Methods** A review of notes and medication charts in all patients prescribed buccal fentanyl on IPU June 2015–6 was done to ascertain whether it was being prescribed appropriately and whether there were any risk factors for ‘concerning use’.

#### Results

- 18 patients were identified. All had a clear rationale for receiving buccal fentanyl.
- 11/18 patients found it clearly effective; of the remaining 7, 5 ‘sometimes’ found it effective.
- 5/18 patients showed what we defined as ‘concerning use’ – i. e. they were using it more than qds, using it to toxicity, were extremely unwilling to reduce usage or try other options,

used it covertly or admitted to using it for reasons other than pain.

- 4/18 had risk factors for addiction. 3 of these 4 patients showed ‘concerning use’.
- 9/18 patients were discharged on buccal fentanyl; there was scope for improvement in the quality of discharge instructions as to how the patient should use buccal fentanyl.

**Conclusions** 5/18 patients (28%) were felt to have ‘concerning use’ of buccal fentanyl. 3 of these had clear risk factors for addiction this that were identified on admission. Since the time of data collection, the manufacturers have produced a guide for healthcare professionals that includes standardised screening tests for assessing the risk for potential opioid abuse in patients with breakthrough pain. Routine use of these should be considered, with clear explanation of risks shared with all patients, but particularly those with pre-existing risk factors. Patients discharged on buccal fentanyl should be discussed with the GP and have a clear plan on the discharge letter as to the dose, frequency, and type of pain that this is to be used for, along with the rationale.

#### 104 SODIUM VALPROATE SUBCUTANEOUS INFUSION; A VALUABLE ADJUNCT IN THE MANAGEMENT OF NEUROPATHIC PAIN IN PALLIATIVE PATIENTS

C Davis, HK Crispin, C Marshallsay, S Haig, S Pennell, A Jenks. *University Hospital Southampton NHS Foundation Trust*

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**Introduction** Sodium valproate continuous subcutaneous infusion (CSCI) may be underutilised in the multi-modal management of neuropathic pain especially for patients requiring parenteral pain management due to phase of illness or symptom severity. We present a case series of adult patients treated with a sodium valproate CSCI.

**Method** Prospective data collection; six consecutive clinical cases managed by the Hospital Specialist Palliative Care Team (HSPCT) during final quarter of 2017.

Sodium valproate was commenced at a dose of 200–600 mg/24 hour, in conjunction with a separate opioid or midazolam CSCI. Doses were up-titrated individually to between 400 mg/24 hour and 1500 mg/24 hour (maximal increments of 300 mg/24 hour).

**Results** 4/6 patients had metastatic cancer, one cervical myelopathy and one osteoradionecrosis of the base of his skull; all had clinical reasons to require parenteral treatment. 5 experienced clinically significant improved pain control within 48 hours; allodynia resolved in the two patients who experienced this, one of whom had residual severe nociceptive pain due to rapidly progressive disease. There was no initial benefit attained in the patient whose starting dose was 200 mg/24 hour, but a dose of 400 mg/24 hour was beneficial. There were no complications attributable to this treatment. Only 2/6 patients required an increase in opioid dose.

**Conclusion** Unlike most neuropathic pain agents, sodium valproate is available in a parenteral preparation. Other benefits include that it is non-sedating and relatively safe in patients with renal impairment although dose modification is recommended. Six patients with a neuropathic component to their pain treated with sodium valproate CSCI as part of a multi-modal analgesic strategy achieved rapid, efficacious control of their neuropathic pain. Titration was achieved over the course

of days, the treatment was well-tolerated. We have found a starting dose of 400 mg/24 hour to offer clinically relevant improvement in pain control. This case series supports our impression that it is an opioid sparing intervention.

## Service development | Posters 105–151

#### 105 PALLIATIVE CARE NEEDS OF ADULTS WITH NEUROMUSCULAR DISORDERS: A PILOT CLINIC

Mike Macfarlane, Tracey Willis, Derek Willis. *West Midlands Deanery, The Robert Jones and Agnes Hunt Orthopaedic Hospital, Severn Hospice*

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**Background** Neuromuscular disorders (NMD) have traditionally been managed by paediatric services. As more patients with these conditions are now living into adulthood, however, it is unclear a) what the palliative care needs are for this new adult population and b) how palliative care services can meet these needs.

**Methods** A 12 month pilot clinic was run jointly by a palliative medicine consultant and members of the neuromuscular multidisciplinary team (MDT) from a regional NMD centre. The aim of the clinic was to assess a) the number of patients, b) diagnoses and c) symptom burden that required palliative care input.

Patients were recruited if the NMD MDT assessed that they had significant symptom burden or that their disease trajectory had changed.

**Results** 9 patients were recruited to the joint clinic which was conducted 4 times in the year. These patients had a range of neuromuscular conditions and a variety of symptoms. Pain was the most commonly encountered symptom and ranged from very mild to severe with a mean pain score at initial assessment of 3 out of 5 (moderate).

**Conclusions** Adult patients with a variety of neuromuscular disorders were identified as having an unmet palliative care need. A range of symptoms were identified, with moderate pain being the most common. Despite these patients’ symptom burden they are seldom referred to palliative care services.

#### 106 ARE REFERRALS FOR NON-INVASIVE VENTILATIONS (NIV) IN PATIENTS WITH MOTOR NEURONE DISEASE (MND) PROCESSED IN A SHORT TIME?

Thurkaa Shanmugalingam, Harriet Roebuck. *Colchester Hospital University Foundation Trust (CHUFT)*

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**Background** Patients with MND are at risk of respiratory compromise due to chest wall weakness and require NIV. As prognosis is short this should be a rapid referral to respiratory services. We advise that time between referral and assessment should be aimed at <6 weeks.

**Methods** Neurorehabilitation team lead supplied the details of eight MND patients referred for NIV assessments to Colchester Hospital (CHUFT) within the last twelve months. The usual referral pathway is via Papworth Hospital Cambridge but these patients were either too unwell or had chosen not to travel to Cambridge for assessment. A review of the patient’s paper notes, Order comms system, Electronic