There are many eligible UK donors (50% of hospice deaths) and the British public are largely in favour of donation. However, most hospice staff are unaware or unwilling to raise the topic of cornea donation (CD). Fear of causing distress is known to be a factor. We conducted a service evaluation to explore the responses of patients offered CD.

**Method**
The study was at an 8-bedded UK hospice. Previously, no hospice patients had donated their corneas. Staff education was undertaken first. For the study period (six weeks) all patients admitted were screened for CD eligibility. Those eligible were offered information, at an appropriate time. Exclusion criteria were being unable to engage in conversation, or distress during other discussions about dying. All patients were given anonymous questionnaires afterwards.

Data regarding the number of patient donating was also collected.

**Results**
15 of 29 inpatients were eligible for CD, and offered information. 11 questionnaires were returned. Patients were asked ‘How did you feel about being informed?’ 55% were ‘glad’. 45% had ‘no strong feelings either way’ (None ‘didn’t like it.’) They were also asked ‘Was it upsetting to be informed?’ 73% said ‘No’; 27% said ‘Yes, but I’d still rather have had the conversation’ (None said ‘Yes, and I didn’t like talking about it.’)

Of 15 patients offered information, 6 went on to donate. Patients are routinely offered CD information since. Over 20 months, 40 people donated, averaging 48 donated corneas/year.

**Conclusions** Staff fears of causing patients/families distress by discussing CD are unfounded. Failing to inform patients/families deprives them of their option. Routinely discussing CD are unfounded. Failing to inform patients/families deprives them of their option. Routinely discussing CD leads to a significant rise in donations; this benefits those who could have had the conversation.

(Project Highly Commended in the 2017 BMJ Awards)

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**THE DIFFERENCE A MACHINE CAN MAKE: EXPERIENCES OF USING AN ULTRASOUND SCANNER IN A HOSPICE**

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**Background** Ultrasound imaging is increasingly being used by non-radiologists. The Focused Abdominal Ultrasound in Palliative Care (FASP) course trains palliative care clinicians in the use of ultrasound to answer certain focussed clinical questions.

**Method** Analysis of an electronic database detailing all scans performed at the hospice between April and September 2017. Over the 6 months 44 ultrasound scans were performed at the hospice on 35 patients. 25 scans were performed to confirm the presence of ascites or identify a safe site for paracentesis, 8 of these were for non-malignant ascites. 8 scans assessed for bladder enlargement or requirement for a catheter, 1 scan was to distinguish between intrahepatic and extrahepatic duct dilatation in a jaundice patient and 10 doppler ultrasounds were carried out to look for the presence of a proximal lower leg deep vein thrombosis. 24 of these ultrasound examinations would have otherwise required patient transfer to nearby hospital for the investigation. During the analysis period only 3 patients were transferred to hospital for ultrasound; one whilst author was on leave and two where further ultrasound assessments by a radiologist was deemed necessary. Using tariffs from the Welsh Ambulance Service and Health Board it is calculated, that in the 6 month period analysed, savings of £4435 were made through a reduction in return ambulance transfers and ultrasound scanning at the nearby DGH.

**Conclusions** The use of ultrasound as an additional real-time resource in clinical assessment at the hospice reduced unnecessary hospital transfers and needless urinary catheterisations. Positive feedback received from patients and relatives grateful for the rapid assessment and avoidance of what were described as exhausting and stressful transfers. Other members of the medical and nursing team at the hospice now plan to attend a FASP course.