CREATION OF GUIDELINES FOR MANAGEMENT OF PATIENTS UNDERGOING ABDOMINAL PARACENTESIS FOR MALIGNANT ASCITES AT JOHN EASTWOOD HOSPICE

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Background The inpatient unit at John Eastwood Hospice (JEH) is increasingly providing care for patients with malignant ascites, allowing the relief of symptoms via paracentesis. With no established local or national guidelines to follow for peri procedural care, we felt there were varying approaches used for our patients. We set out to create a local protocol for patients undergoing paracentesis, and audit practice against this.

Methods A thorough literature search alongside review of guidelines uploaded to palliativecare.com, and those publicly available on the internet, identified eleven established UK guidelines for management of malignant ascites.

These were used to construct a protocol for use at JEH. Audit standards were then established alongside this, allowing for retrospective analysis of the management of patients who had undergone paracentesis at JEH.

Results 8 patients had undergone this procedure in the preceding 12 months at JEH, giving a total of 10 completed procedures. Peri procedure management in several areas was variable.

A set of baseline observations was documented prior to the procedure in only 10%. Documentation of observations post procedure varied significantly, ranging from half hourly to none at all. 60% had documentation of drain clamping at some point but in none of the cases was there any further detail of the clamping (e.g. length of time). For the 7 drains which were temporary, the length of time they remained in situ ranged from 31 hours to 195 hours.

Conclusions This retrospective audit demonstrates significant variability in the management of patients undergoing paracentesis at JEH, which strayed from that suggested by the newly created guidelines. These guidelines will now be rolled out in the hospice, alongside education to staff, and re-audit completed to ascertain whether there is more uniform practice.

IMPLEMENTING EDINBURGH COGNITIVE AND BEHAVIOURAL ALS SCREEN (ECAS) IN PALLIATIVE CARE IN PATIENTS WITH MOTOR NEURONE DISEASE (MND) – EXPERIENCE FROM PHYLLIS TUCKWELL HOSPICE CARE (PTHC)

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Background PTHC has a longstanding interest in neuro-degenerative conditions (NDC) and hosts bi-monthly NDC multi-disciplinary team (MDT) meetings on its two sites. Despite other robust care pathways, assessment of cognitive and behavioural function was not standardised. ECAS was identified as the most suitable tool to improve this aspect of care.

Methods A 12-month hospice project was designed to:

- Raise awareness of cognitive and behavioural impairment in MND and ECAS.
We created and publicised an aide-memoire (attached) about the different ambulance services available in Wales. It contains information tailored to palliative care health care professionals. The aide-memoire is designed to be easily accessible in paper and electronic format.

Conclusion Palliative care healthcare professionals lack sufficient knowledge of the ambulance services available in Wales. The aide-memoire we created contains the relevant information that is necessary to make the best use of the ambulance services available. The aide-memoire is being used across Wales to improve the use of the ambulance service for patients with palliative care needs.

146 TRANSFERRING PATIENTS WITH PALLIATIVE CARE NEEDS – WHICH AMBULANCE SERVICE SHOULD YOU USE?

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Background Transferring patients with palliative care needs between care settings via the Welsh Ambulance Service Trust (WAST) is a daily component of delivering palliative care. We hypothesised that patients would have quicker and more appropriate ambulance transfers if healthcare professionals working in palliative care had a better knowledge of the ambulance services available; including the pilot of the new End-of-Life Rapid Transport Service.

Method We sent an electronic questionnaire to 236 healthcare professionals working in palliative care in Wales. We tested the respondent's knowledge of the available services provided by WAST and asked respondents to share their experiences of transferring patients via the ambulance service.

Results We had 52 responses to the questionnaire (response rate 22%). Respondents were predominantly palliative medicine consultants, registrars and clinical nurse specialists. There was a lack of knowledge about the WAST’s ability to transfer patients with syringe drivers and the services ability to make decisions regarding not commencing cardio-pulmonary resuscitation. The Urgent Care Service was not well understood and only 12% of respondents could easily find the correct contact details for each service.