

anticonvulsant as they were imminently dying. Where prognosis was estimated, 80% of patients commencing a midazolam CSCI were felt likely to survive less than a week. Seizures were controlled in 69% of patients with initial doses prescribed. 'As required' anticonvulsant medication was prescribed for 23 patients (88%); all were prescribed subcutaneous midazolam (2.5 mg-10 mg). Phenobarbital (8 patients), buccal midazolam (one patient) and rectal diazepam (one patient) were also prescribed. The majority of patients (92%) died and almost half (46%) died within a week of parenteral anticonvulsant prescription.

Conclusion Levetiracetam via CSCI was the most commonly used parenteral anticonvulsant. Midazolam via CSCI tended to be used for patients with a poorer prognosis (under one week). Regional guidelines need to be reviewed to reflect clinical practice. Given the widespread use of levetiracetam, further research is warranted to guide use in the palliative care setting.

176 SYRINGE DRIVER (CSCI) SITE REACTIONS IN SPECIALIST PALLIATIVE CARE IPU

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Background Syringe drivers are routinely used in palliative medicine for the subcutaneous infusion of drugs. Local site reactions can lead to patient discomfort and the potential for sub-optimal symptom control. A site reaction is defined as 'an adverse incident occurring at the point of drug delivery'. Anecdotally, we observed frequent site reactions in our clinical practice without formal record of prevalence within our inpatient unit. We decided to perform an audit to determine whether our practice is in keeping with local/national guidance and whether outcomes were within acceptable limits.

Methods Aims/objectives -

- Site reactions are within 'acceptable limits'
- Site reactions are recognised
- Recommendations/guidelines regarding site management are followed
- Appropriate drugs/diluents used.

Standards

- Prevalence of site reactions <20%,
- Sites inspected 4 hourly (100%),
- Sites rotated every 7 days (100%)
- Reactions recorded (100%)
- Diluents appropriate (100%).
- Line changed with prescription change (100%)

Results 46 prescriptions and sites reviewed (completed 13/12/2017). Site reactions observed in 8.6%. 100% of sites recorded as inspected every 4 hours but zero reactions identified/recorded. Rotation frequency documented -72% -average 10 days, and not documented -28%. Diluent appropriate -100%. Line changed with a change in prescription -39%.

Conclusion We have demonstrated compliance with standards 1, 2 & 5. However, problems were identified with standards 2, 3, 4 & 6. 100% of reactions identified were documented as inspected 4 hourly highlighting poor recognition of reactions. Average length of site rotation exceeded 7 days. And only 38% of lines were changed with prescription change. Our recommendations include reviewing processes of site

inspection. To provide education on site reaction recognition and the importance of line change in conjunction with prescription change. And to standardise clear documentation of site rotation and local policy adherence. Following implementation of these interventions we recommend annual re-audit to ensure standards met.

177 CHANGING THE GOAL POSTS: EXPLORING THE EXPERIENCES OF COMMUNITY PALLIATIVE CARE NURSES IN THE MANAGEMENT OF DELIRIUM

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Background Delirium is a syndrome of decreased cognitive function, consciousness and attention. It has an acute onset and fluctuating course. The prevalence of delirium amongst palliative care in-patients is about 30%. There is no similar data for out-patients. A focus group was conducted at a Scottish hospice to explore the experiences of clinical nurse specialists (CNSs) in managing delirium in the community. This formed part of a wider quality improvement project on hospice patients with delirium.

Method Two facilitators explored the experiences of CNSs in the management of delirium. Discussions were recorded and transcribed to allow analysis of themes.

Results The focus group involved eight CNSs and generated 21 pages of text. Data was reviewed by two members of the project team. Themes emerged including importance of skilled assessment, impact on families, challenges in the management of delirium at home and the impact of delirium on choices available at the end of life.

The CNSs reflected on the impact of delirium on patients' families, who experienced guilt, fear and a sense of early bereavement. They also recognised particular challenges associated with managing patients with delirium in the community. They felt pressure to avoid admission to hospital but also felt there was a lack of the support services required to offer a non-pharmacological approach to management at home. Drugs were resorted to earlier than would be necessary in a different care setting to manage symptoms and risk. The CNSs also spoke of 'walking away' but being left with feelings of responsibility for the situation. Delirium was also felt to negatively impact on choices at the end of life e.g. place of death.

Conclusion Management of delirium in the community represents unique challenges compared with an in-patient setting. There is a need for educational resources targeting professionals working in the community.

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178 FACTORS ASSOCIATED WITH AN EFFECTIVE TRANSITION FROM CHILDREN'S TO ADULT SERVICES BY YOUNG ADULTS WITH LIFE-LIMITING CONDITIONS IN IRELAND

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Background Improvements in care and treatment have led to more young adults with life-limiting conditions living beyond childhood, which means they must make the transition to adult services. A systematic review highlighted an acute lack of evidence on transition services for young people with palliative care needs.

Methods A realist evaluation approach using a mixed methods design with four phases of data collection was employed. Phase one involved the development and distribution of a questionnaire survey to health, social, educational and charitable organisations providing transition services to young adults with 104 individual responses from 29 organisations. Phase two involved interviews with eight young adults; phase three consisted of two focus groups with parents/carers and phase four involved interviews with 17 service providers. Data were thematically analysed seeking to identify organisational factors influencing the quality of care.

Results Eight interventions were identified associated with an effective transition. How interventions are considered to work were inferred and contextual factors were identified.

Conclusions Transition should be acknowledged as a key need for young adults with life-limiting conditions. An effective transition should be seen as a core responsibility for both children's and adult services. In addition to the transition interventions, there should be consideration for how the interventions work and the contextual factors that could influence whether the interventions are effective.

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USING A TRAFFIC LIGHT SYSTEM TO IDENTIFY PALLIATIVE CARE NEEDS IN ADULT NEUROMUSCULAR PATIENTS

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The Department of Health has made a commitment to provide personalised and coordinated palliative and end of life care to those with life limiting conditions. Many neuromuscular diagnoses are or have the potential to be life limiting. Internationally there has been a lack of palliative service involvement or palliative approach to patients with such conditions.

Recognising that this was true of our neuromuscular service, we used quality improvement to develop a more proactive approach. As part of this project we developed a traffic light system based on 'The Spectrum of Children's Palliative Care Needs' used in paediatrics. This was adapted to be more relevant for neuromuscular patients. By reviewing their respiratory, cardiac, locomotor and gastrointestinal status and their recent hospital admissions patients are allocated a colour. Most importantly 'it would not surprise' the clinician if those who were 'red' died within twelve months or 'amber' patients died within a few years. 'Green' patients are currently stable and for 'blue' patients their condition is not expected to be life limiting. This tool would identify where patients were in their disease progression and highlight those who might benefit from a palliative approach, discussing advanced care planning or being seen in our newly established symptom control clinic.

All our patients with a palliative or potentially palliative diagnosis were allocated a traffic light colour and a system was developed to regularly review this. We used this to prioritise those patients with the most pressing need and consider how to best meet their needs. Figures for this will be available when the poster is published. It was not available as a full year of MDTs had not been run until the moment when late breaking was announced.