Development of the Portable Ultrasound Facility at Countess Mountbatten House Hospice

Anna Hume, Countess Mountbatten House, Southampton, UK
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Background Facilitating preferred place of care and death (PPC/PPD) are important aspects of good palliative care. Disease progression, increasing frailty and reduced mobility are associated with increased incidence of thrombosis (DVT) and urinary retention causing distress and sometimes admission. The development of ascites is another indicator of disease progression, increasing frailty and reduced mobility (PPC/PPD) are important aspects of good palliative care. A previous audit highlighted that an absence of weighing patients on admission potentially limited ability to meet best practice standards for management and nutritional assessment. A survey also highlighted a staff misconception that patients do not like being weighed. Clinical staff now receive training demonstrating the inaccuracy of estimating body weight and routine weighing was introduced for inpatients and day care patients.

Intervention Availability of the portable ultrasound machine to all Countess Mountbatten House teams to identify/exclude ascites, DVT, Urinary retention and to assist transfusion/hydration when cannulation is difficult.

Results 50 scans were performed over eight months:
- 4 at home: 4 no ascites (2 died at home within 9 days, 1 U.reten tion – catheter inserted, 1 cellulitis with indwelling drain – admitted)
- 19 in OPA: 8 ascites – admitted for paracentesis 7 no ascites [2 GB abscess, 1 U.retention] 2 DVT confirmed [anticoagulated at home] 2 DVT excluded
- 27 in IPU: 11 ascitic drains placed 7 no ascites [5 U.retention – catheter inserted] 5 DVT confirmed [anticoagulant started] 3 assisted cannulations for transfusion 1 pericardial effusion (transferred to cardiology).

Conclusions Both audits demonstrated improvements in compliance to weighing patients. During the inpatient audit, it became apparent that some patients have a long hospice stay and need to be re-weighed a minimum of monthly.