

Methods We undertook a mixed survey with both quantitative and qualitative sections. This was analysed using a narrative approach.

Results All respondents feel the AIMP represents an improvement in the care offered to acutely ill patients in the hospice setting.

The Majority (60%) felt the AIMP is acceptable in the hospice setting and (40%) felt it is sometimes acceptable. No staff felt it was inappropriate in a hospice setting.

Additional comments include:

- Concerns about stopping treatment when a patient is felt to be clearly in the last days of life;
- Concerns about documenting individualised goals or triggers for medical review, to avoid frequent observations not leading to changes in treatment;
- A need for improved recording of urine output;
- A desire for more training in acute illness management.

Conclusions The AIMP acceptable in a hospice setting. Future work will include incorporating NEWS2 guidance, and an ongoing quality improvement programme to look at areas where it could be used more effectively. This will allow us to determine the efficacy of the AIMP along with ensuring staff feel empowered in the process of its introduction.

102 ULTRASOUND GUIDED PARACENTESIS IN A HOSPICE SETTING: A CASE SERIES

Andrew Tinker, Lynne Russon, Christopher Kane. *Sue Ryder Wheatfields Hospice, Leeds*

10.1136/bmjspcare-2019-ASP.125

Background Ultrasound guided paracentesis is a safe and effective methods of managing ascites caused by malignancy or cirrhosis. It has traditionally been performed in hospital and often requiring admission for one or more nights. Following training in ultrasound and gaining experience in ultrasound guided paracentesis at our local hospital trust, we evaluated the introduction of a hospice based paracentesis day-case programme.

Methods We undertook a prospective evaluation of the service over 3 years in specialist palliative care patients referred for assessment of possible ascites and where indicated draining ascites in a hospice setting, including patient feedback collected approximately a week after the procedure.

Results 85 assessments were performed for possible ascites (58% non-hepatocellular cancer, 31% cirrhosis ± malignancy, 1% other), in 58 different patients. 45 patients were assessed as having paracentesis suitable for drainage in the hospice setting. This led to 36 successful ultrasound guided paracentesis procedures performed in the hospice inpatient unit (9 patients did not have paracentesis as not very symptomatic and/or too unwell). 21 were performed on a day case basis, 11 as part of a longer admission for symptom control or end of life care, and only 4 (16% of admissions for paracentesis) requiring an overnight stay for the procedure. There were no complications

64% of patients completed feedback a week later. 23/23 (100%) patients would be happy to have the procedure repeated in the hospice setting if required. 16/23 (70%) said paracentesis greatly helped symptoms, and 6/23 moderately (26%)

Conclusions It is practical and useful to include ultrasound in assessment of possible ascites in a hospice setting, and to use ultrasound guided paracentesis for day case, and existing inpatients in a hospice setting. This leads to reduced hospital attendance/admission, and it is an acceptable alternative to patients.

103 INDWELLING PERITONEAL CATHETER INSERTION FOR MALIGNANT ASCITES; SERVICE EVALUATION AND GUIDELINE PRODUCTION

Leonie Armstrong, Felicity Dewhurst, Katie Frew, Robert Johnston, Sarah Robinson, Dawn Elliot, Avinash Aujayeb. *Northumbria Health Care NHS Foundation Trust*

10.1136/bmjspcare-2019-ASP.126

Background Conventional management of malignant ascites is recurrent inpatient paracenteses. Patients have high associated morbidity. Alternative management is insertion of an indwelling peritoneal catheter (IPC) supported by NICE, reported to have infrequent complications and associated with estimated cost saving of £1051 per patient. Our trust has an established indwelling pleural catheter service. In order to provide symptomatic benefit pleural and surgical consultants with ultrasound training started inserting IPCs in operating theatre under strict asepsis. The palliative care team is crucial to patient selection and follow up.

Methods We performed a retrospective trust-wide service evaluation followed by dissemination of results and clinical guideline production. A prospective service evaluation is ongoing.

Results From January 2016 to April 2018, 11 patients had an IPC inserted. Median age was 67. Diagnoses were pancreatic cancer (3), mesothelioma (2), breast cancer (2), colorectal cancer (1), gastric cancer (1) and oesophageal cancer (1). Mean paracenteses prior to IPC was 3.45 and mean time from initial drainage to IPC and from IPC insertion to death was 53 and 55 days respectively. 1 complication (migration of the IPC precluding drainage) arose. Following the implementation of local guidelines, 8 IPCs were inserted between April and September 2018 with no complications. Median age and diagnoses were similar. However mean paracenteses prior to IPC was 1.25 and mean time from initial drainage to IPC and from IPC insertion to death was 19 and 12 days respectively. In all cases IPC insertion was associated with significant symptomatic relief.

Conclusions IPC insertion for malignant ascites is a feasible, safe and effective method of management of malignant ascites. A proactive service reduces patient's hospital visits and procedure rate significantly. Formal guidelines meant that IPCs were inserted sooner in patients who previously would have likely died with significantly symptomatic untreated ascites.

104 MODIFIED EARLY WARNING SCORE (EWS) TO AID IDENTIFICATION OF THE DETERIORATING PATIENT AT ST GEMMA'S HOSPICE

Emily Frinton, Catherine Malia, Rebecca Owen, Hannah Zacharias. *St Gemma's Hospice*

10.1136/bmjspcare-2019-ASP.127

Background On admission to St Gemma's Hospice (SGH), patient escalation status is determined, guiding decisions when acute deterioration occurs. In August 2018, a modified early