Improvements in dyspnoea were graded according to improvement in BORG score. An adverse effect of a headache was noted in one patient occurring 48 hours after nebulised morphine had commenced.

**Conclusion** Nebulised morphine and fentanyl have been used to improve dyspnoea due to CF in a very limited number of patients, therefore no conclusion advocating the use of nebulised opioids can be made. Further research in the form of randomised controlled trials is needed to improve the evidence base of symptom control in patients with CF. This research must also focus on adverse gastrointestinal side effects such as constipation increasing the risk of DIOS.

**158 RECOGNITION OF SEPSIS IN HOSPICE PATIENTS WITH FEVER**

Rachel Whitehorn, Douglas Macmillan Hospice

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**Background** Historically, patients in hospices have not had routine physiological observations recorded, with the focus being on maintaining comfort at end of life. In recent years, more patients admitted to hospices still wish to receive active life-prolonging treatment, including for sepsis. NICE issued guidance on the recognition of possible sepsis in the community and hospital settings in summer 2016. Recognition includes assessment of patients’ basic physiological observations.

This audit was performed to assess the extent to which basic physiological observations are completed to allow careful assessment of patients in the hospice for the presence of sepsis.

**Assessment for sepsis risk includes**

- Presence of risk factors
- altered conscious state
- reduction in functional ability
- respiratory rate
- new need for oxygen to maintain saturations
- heart rate, blood pressure
- skin/lip/tongue colour
- temperature
- when the patient last passed urine
- Site of any likely infection.

**Method** retrospective review of patient records.

**Results** 15 episodes of pyrexia were identified in 11 patients in a four month period. Two of these were related to blood transfusion and not included in analysis. On assessment of the patients, blood pressure, heart rate, conscious state and functional level were the most frequently recorded sepsis risk factors. Skin colour, respiratory rate, presence of signs of skin or wound infection and urine output were hardly ever or never recorded as assessed.

Nursing staff requested medical assessment in all cases although this could be delayed until normal working hours. Intravenous antibiotics were started in two patients and oral antibiotics given in five. Ceiling of care was discussed in three cases.

**Conclusion** Decisions are made about the presence of sepsis and the use of antibiotics based on a limited patient assessment. Staff need to be reminded that fuller assessment of basic physiological observations may improve decision-making.
improvement and 7% showed worsening. However, in the patient group of starting lower pain scores 1–2 we found that only 12% showed an improvement, while 28% did not show any change and an astonishing 60% showed worsening in their pain scores. Going into this study we were not expecting to find the above result. Reassuring that we are impacting positively for those patients with higher pain scores. However patients with lower pain scores did not appear to have their pain as well controlled. We need to consider possible hypothesis why is this the case. Is it that their AKPS is deteriorating and this is reflected in their pain score? (Total pain theory). Have they fewer distractions at the hospice and is this making their pain worse? Are they witnessing other patients in pain and this is impacting on their impression of their own pain? Are those with higher pain scores getting more attention/time with trained staff and is this having a placebo effect on their pain? At this time we do not have conclusive hypothesis but we will be undertaking a prospective study following new inpatients that have been identified with low pain scores initially, which has increased on 2nd IPOS. We will be creating a short questionnaire to identify and test our hypothesis.

Transition | Posters 161 – 162

161 PALLIATIVE CARE FOR YOUNG PEOPLE WITH LIFE-LIMITING ILLNESS: WHAT SHOULD WE BE TEACHING SPECIALIST PALLIATIVE CARE TRAINEES?

Amelia Stockley, Karen Forbes. University of Bristol, NHR

Background Advances in medicine mean children with life-limiting illness are living into, and therefore dying in, adulthood when they would once have died in childhood. Studies suggest a lack of training for physicians is a major obstacle to achieving adequate care for these young people (YP). The adult palliative care specialist training curriculum requires attainment of broad-brushstroke objectives only. The curriculum needs to provide a workforce competent to deliver palliative care for YP with life-limiting illness.

Aims To identify what issues experienced doctors working with YP with life-limiting illness perceive are key to delivering good palliative care to this group of patients.

Methods 15 semi-structured, face-to-face interviews with experts were undertaken exploring the key issues faced by YP with life-limiting illness. Participants were also invited to comment on the current palliative care specialist training curriculum. Data were analysed using the principles of grounded theory analysis.

Results Six main themes were identified: context, challenges, clinical care, communication, decision-making and planning ahead.

Conclusions The learning-objectives pertaining to YP and transition in the current curriculum are unlikely to generate a workforce competent to provide palliative care to this group. An understanding of the unique contexts of these YP and their families as they transition from children’s services is required to provide excellent holistic palliative care. Challenges and clinical skills were identified that should be considered within the curriculum for delivery of services and good clinical care to this relatively unfamiliar group of YP. Adolescents, YP with cognitive- and communication-problems and families with long-established patterns of interacting require a distinct set of communication skills. Prior experiences of decision-making should be taken into account. A common framework for prognosticating, identifying palliative care need and supporting advance care planning in this group of YP is yet to evolve.