systematic literature search has found no such evidence or
guidance on the withdrawal of gastrostomy feeding in
patients with MND. We present the challenges faced when
a patient with MND was transferred to hospice IPU
requesting withdrawal of PEG feeding and the need for fur-
ther research; as hospices may increasingly play a role in
withdrawal of treatment in MND in future.

46

**DIETETIC INTERVENTION FOR PATIENTS WITH
ADVANCED CHRONIC KIDNEY DISEASE – A
CONSERVATIVE MANAGEMENT APPROACH**

Dawn Yokum, Jaryn Go, Ruby Tayab, William White, Magdi Yaqoob. Department of Renal Medicine and Transplantation, Circulatory and Metabolic Sciences Clinical Academic Unit, Royal London Hospital, Barts Health NHS Trust, UK

10.1136/spcare-2019-mariecuriepalliativecare.46

Conservative management (supportive care) is defined as individ-
uals with advanced chronic kidney disease (CKD) who choose
not to undergo dialysis (supported by their kidney team).

A renal supportive care (SC) outpatient service has existed
for over 10 years at this large renal unit.

Dietetic management in this population is complex, with
the aim being to alleviate and/or reduce the risk of symptoms
associated with advanced CKD and support quality of life.
This may involve dietetic interventions such as: management
of blood biochemistry (potassium, phosphate and mineral bone
disease), fluid status (no added salt), low protein and nutri-
tional support.

The aim is to evaluate current dietetic practice using a
snapshot of the SC population.

The method used was a random sample of selected
patients. Data collected included demographics, prevalence of
abnormal blood results, low protein diet advice and nutritional
support.

The results for twenty patients (11% of the SC population)
were used. Median age 80.5, range: 70 – 99 years. Median
duration under SC service: 23.5 (range: <1–56) months.

Eighteen patients (90%) had received dietetic input. Half of
these patients (n=9) required a low protein diet and 33%
(n=6) were given nutritional supplementation. Three patients
(15%) had either a recent elevated blood potassium or phos-
phate level.

In conclusion, the complexity of dietetic management in
this SC patient population highlights the importance of a
renal dietitian’s involvement to help alleviate symptoms of
advanced CKD and support quality of life. Further research
into outcomes including patient/carer experience surveys
is warranted.

47

**DEVELOPING A GUIDELINE TO IMPROVE AND
STANDARDISE PRACTICE IN WITHDRAWING NON-
INVASIVE VENTILATION IN THE END OF LIFE SETTING**

Lucy Williams, Caitlin Morgan, Rachel McCoubrie. Bristol Royal Infirmary, UK

10.1136/spcare-2019-mariecuriepalliativecare.47

Many patients who are reliant on NIV have chronic and
incurable diseases. These include progressive neuromuscular
diseases and irreversible airways disease. Hand in hand with
these diagnoses goes significant frailty. It is important when
caring for these patients that we listen to their wishes at
every stage. It’s especially important when they may be
coming towards the end of their lives. Often at this stage
people have become dependent on their ventilators and
withdrawing this support must be a sensitive and pre
planned procedure. There are complex ethical and emo-
tional dynamics at play for both patients and medical pro-
fessionals. This only heightens the need for meticulous
planning and frank discussion.

Our survey of junior doctors in the hospital setting
revealed although 85% of people had been involved with
managing NIV in end of life situations, 58% did not feel con-
fident in doing so. This has a significant effect on both the
patient and the junior doctor. Patients are having unacceptable
deaths due to junior doctor lack of knowledge and
disempowerment.

Following review of these results we undertook the de-
velopment of a guideline to allow better care during this these
end of life situations. This was written with multidisciplinary
team input and was subsequently reviewed by a junior doctor
panel.

Once globally approved it will be introduced trust-wide
and junior doctors will be re-surveyed to measure impact on
practice.

48

**THE NATURE OF COMPLEX NEED IN SPECIALIST
PALLIATIVE CARE REFERRALS**

Connie Swenson, 2John MacArtney, 3Rachel Perry, 4Lucy Hetherington, 5Lisa Graham-
Wisener, 6Hazel Lambert, 7Emma Carduff, 8Scott Murray, 9Anne Finucane. 1NHS Lothian,
UK; 2Warwick Medical School, UK; 3Marie Curie West Midlands, UK; 4Marie Curie Glasgow; 5School of Psychology, Queen’s University Belfast, UK; 6Marie Curie Belfast, UK;
7Primary palliative care research group, University of Edinburgh, UK; 8Marie Curie Hospice
Edinburgh, UK.

10.1136/spcare-2019-mariecuriepalliativecare.48

Background Understanding complex need as the defining char-
acteristic of episodes requiring specialist palliative care (SPC)
is key to hospice service development. A single definition of
complex need is lacking, however markers of complex need
include: presence of multiple needs, needs across different
domains, interactions between different needs and fluctuating
needs. We examined which markers of complex need are
present in referrals to a hospice service.

Methods Mixed-method service evaluation consisting of a case-
note review and staff focus groups.

Results Physical needs were most frequently described in
referral documents (91%) though needs were present across
all domains. Markers of complexity across more than one
domain were present in 95% of referrals. Psychological, soc-
ial or spiritual needs were described in 68% of referrals;
fluctuating needs in 67%; carer needs were documented in
52%. Referral forms were viewed as limited for capturing
complexity. The quality of a referral was perceived as influ-
enced by the experience and confidence of the referrer,
their knowledge of the services available, the resources
available to the referrer to meet the patients needs and
the patient’s diagnosis.

Conclusions Complex needs were documented in most ref-
errals to hospice services. However, clarity on what service was
being sought to meet a person’s needs was lacking. There is
scope for hospices to improve referral quality by defining