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USE OF SUBCUTANEOUS FUROSEMIDE IN THE COMMUNITY SETTING IN END-STAGE HEART FAILURE

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Background The benefits of integrated cardiac and palliative care support for patients with end-stage heart failure (ESHF) is well recognised (Jaarsma, Beattie, Ryder *et al.*, 2009; Hospice UK, 2017). Where patients are deteriorating or wish to avoid hospital, subcutaneous furosemide has been trialled to treat fluid overload resistant to oral diuretics (Zacharias, Raw, Nunn *et al.*, 2011).

Methods A case series is presented from a service evaluation of an integrated model of care for ESHF patients. 4/89 patients attended ambulatory hospital services for IV diuresis, 3/89 received IV/SC diuretics in the hospice. 13/89 were considered for continuous subcutaneous diuretics at home; this was administered to 7/13.

Results Average age 80 (± 14) years. Four patients had left ventricular dysfunction, three had right sided heart failure. Average baseline eGFR 40 (22–70). Due to immobility and frailty, weight was not used to monitor outcome; blood pressure and renal functions supplemented clinical assessment. Average Systolic Blood Pressure 108 (± 14) mmHg. Doses ranged between 80 mg and 230 mg of furosemide per 24 hours, depending on previous oral dose. 2 patients had subsequent dose reductions and 2 dose increments according to clinical response. Patients were treated for a median (range) 16 (1–48) days. 6/7 patients demonstrated symptom benefit. Three were successfully converted back to oral diuretics, one with addition of oral metolazone. One patient developed an abscess at the infusion site which necessitated A&E attendance and this subsequently healed well.

There were challenges in supporting District Nurses to continue to administer and monitor infusions and in obtaining medication supplies from community pharmacy.

Conclusion Subcutaneous furosemide infusion in the community did improve symptomatic burden and improve quality of life in our patient group, avoiding hospital admission and enabling patients to spend quality time at home. Ongoing work is needed to further evaluate which patients will benefit most from this intervention.

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THE CARIAD STUDY

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CARer-ADministration of as-needed sub-cutaneous medication for breakthrough symptoms in homebased dying patients: a UK study (CARIAD)

Background While the majority of seriously ill people wish to die at home, only half achieve this. The likelihood of someone dying at home often depends on the availability of able and willing lay carers to support them. Whilst this often involves giving medication, people in the last days of life may be unable to take oral medication. Regular medications can be administered using a syringe driver. When top-up medication

is required for breakthrough symptoms, a clinician must travel to the home to administer as-needed subcutaneous medication. **Aims** To determine if carer-administration of as-needed subcutaneous medication for four frequent breakthrough symptoms (pain, nausea, restlessness and noisy breathing) in home-based dying patients is feasible and acceptable in the UK.

Methods Adult patients anticipated to be in the last weeks of life who were likely to lose the oral route and expressed a preference to die at home were recruited with their carers to an external randomised pilot trial across three UK sites (North Wales, South Wales and Gloucestershire). Patient/Carer dyads randomised to the intervention arm received a manualised training package delivered by their community nursing teams. Dyads in the control arm received usual care. Carers in both arms completed carer diaries and outcome measures.

Results Forty dyads were recruited. The main outcomes of interest are feasibility, acceptability, recruitment rates, attrition and selection of the most appropriate outcomes measures.

Conclusions Findings will inform a definitive Phase III randomised controlled trial.

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Parallel Session 4: Rehabilitation and Meeting Unmet Needs

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REHABILITATIVE PALLIATIVE CARE – RESEARCH AND PRACTICE

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Background In order to transform end of life care (Leadbeater & Garber, 2010) these two studies look at the implementation of rehabilitative palliative care in a hospice in-patient unit (IPU).

Aim Using action research, to integrate rehabilitative palliative care identifying the facilitators and barriers from the health care professionals' (HCPs) perspective.

Methods Implementing rehabilitative palliative care, PhD.

Using participatory action research (PAR), to plan and implement a rehabilitative approach in an IPU. Concurrent analysis was used to inform the PAR cycles and thematic analysis (Braun & Clarke, 2013) was used to identify the facilitators and barriers.

Rehabilitative palliative care in hospices: The HCP perspective, MSc.

Using exploratory qualitative interviews, to explore the views and experiences of HCPs working in hospices on rehabilitative palliative care. Iterative categorisation technique (Neale, 2016) was used to develop key themes.

Results Due to strategies undertaken through PAR, rehabilitative palliative care was implemented into practice on the IPU and acknowledged throughout the hospice as a valid approach to care. A co-operative inquiry group of nine people (clinical, support staff and volunteers) was responsible for collectively developing an understanding of rehabilitative palliative care