

**Conclusion** There is evidence of change in practice already within the nursing staff approach to monitoring and managing confused patients. We plan to re-audit in October and introduce the same learning programme for all community staff especially Hospice at Home healthcare assistants to enhance detection of delirium within the home setting.

**P-130** **IMPLANTABLE DEFIBRILLATOR DEACTIVATION: ATTITUDES AND KNOWLEDGE IN HEALTHCARE PROFESSIONALS**

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The prevalence of implantable defibrillator devices is increasing in the UK. These devices may prevent sudden cardiac death from arrhythmias, however, they do not alter disease trajectory in chronic conditions. Patients approaching end of life are predisposed to arrhythmias. This may lead to patients with implantable defibrillators receiving a shock in their final days of life which could be distressing and inappropriate when comfort is the priority. Despite this, elective deactivation of defibrillator devices is infrequently discussed and is often left until the last days of life.

An online survey of healthcare professionals was performed to assess attitudes toward device deactivation and knowledge of local procedures for deactivation. A total of 30 responses were collected. Responders were doctors and specialist nurses with variable clinical experience from a variety of specialties.

Only 50% of individuals were able to correctly identify all implantable devices that contained a defibrillator component. Thirteen individuals felt they knew the protocol for arranging a planned deactivation of devices, however, only six individuals were able to correctly describe the process.

77% of individuals felt that deactivation should be discussed as soon as possible in a patient identified as being in their last year of life and 73% felt that anyone involved in the patient's care should be able to have this discussion. In spite of this, when asked to rank their confidence having the conversation, the mean score was 54/100.

The most selected appropriate timescale between defibrillator deactivation and death from a chronic disease was months and 87% of individual felt that deactivation should occur in the outpatient setting or community rather than during an acute admission.

In summary, healthcare professionals felt that deactivation should be discussed and planned at the earliest opportunity, however, many did not feel confident having this discussion and were unable to identify all devices containing defibrillators or describe the local procedure for deactivation.

**P-131** **INFORMATION WITH IMPACT: ANALYSIS OF FEEDBACK ABOUT WHAT TO EXPECT AT END OF LIFE ONLINE INFORMATION**

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**Background** The *Ambitions for Palliative and End of Life Care* framework highlights the importance of information in supporting people affected by death and dying (National Palliative and End of Life Care Partnership, 2015). All information should meet high standards. Ensuring users can provide feedback is a core principle of the NHS Information Standard.

**Aim** A national charity sought feedback on its *What to expect at end of life* online information. The aim was to assess the usefulness of the information and to understand what worked, possible improvements, and any impact the information had on end of life experiences.

**Method** In March 2019 a survey was embedded on three web pages, which included two questions:

1. How useful did you find this page?
2. Please tell us why.

**Results** 106 responses were received. 88% found the pages either *Very useful* (74%) or *Useful* (14%). Thematic analysis of the open text boxes identified these themes:

- Informative;
- Helped them prepare for future;
- Easy to understand;
- Sensitive/compassionate;
- Confidence/reassurance about actions.

The qualitative open text boxes provided examples of the impact the information can have, including:

*'Having some idea of the indications of imminent death will help us to organise our time to ensure we're there when his time is approaching.'*

*'Although the situation is harrowing, I think part of the anxiety comes from fear of the unknown. This diminishes when we have the small comfort, of knowing what to expect.'*

Six respondents felt there were gaps in the content, including how to deal with emotions.

**Conclusion** This research tells us that most respondents found the information useful, and that it has the potential to positively impact on people's end of life experiences.

**P-132** **DRY MOUTH IN PALLIATIVE CARE, HOW ESSENTIAL OIL MOUTHWASH CAN HELP**

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**Background** Dry mouth is extremely common in palliative care affecting 62% of patients (Otukoya & Doshi, 2018). To try and improve this for our patients a quality improvement programme (QIP) using essential oil mouthwash was agreed.

**Aim** To improve dry mouth for palliative patients using an evidence-based essential oil mouthwash, working in collaboration with medical and complementary therapy staff.

**Method**

- Precautions of using essential oils orally were identified;
- Patients were assessed for their suitability to use essential oils;
- All essential oils needed a safety data sheet and mouthwashes were clearly labelled;
- Observational study was undertaken 2018–2019;
- Staff trained to select sample group using validated assessment tool for inclusions (Health Education England: mouth care matters programme), exclusions: ulcers, thrush, patient unable to rinse, sensitive to oils, using oxygen;