based system and staff attitudes about the change in clinical practice.

Results Nine days post implementation, e-prescribing was fully implemented on the In-Patient Unit as all patients had a prescription in place as part of their electronic patient record. At the time of writing, staff continue to gain experience of using the system in clinical practice being supported by the IT team.

Future plans Pre-implementation questionnaires require analysis. The questionnaire will be repeated at three and six months post-implementation, to monitor staff experience and attitudes over time. Medication error rates will be monitored via an electronic clinical incident reporting system.

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THE EVOLVING ROLE OF A COMMUNITY SPECIALIST NURSE PRESCRIBER, THEIR IMPACT AND SUPPORT PROCESSES

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Background Palliative care patients of Community Specialist Nurse Independent Prescribers (CSNIPs) often have multiple complex symptoms requiring specialist management (Ziegler, Bennett, Blenkinsopp & Coppock, 2015). CSNIPs are key to delivering this care with a timely response. Perceived benefits include faster access to medicines (Tatterton, 2018) and rapid symptom control (Dawson, 2013), supporting end of life patients to remain at home. The challenge for CSNIPs is to maintain specialist knowledge with processes that support their prescribing practice.

Aims Exploring the range of medicines prescribed by a CSNIP in the Community Specialist Palliative Care Team, establishing impact on practice and examining support processes.

Methods An audit was undertaken of CSNIP yearly activity with data collated according to drug monographs in Palliative Care Formulary 6 (Twycross, Wilcock & Howard, 2017). Appropriateness of prescribing was evaluated, including anticipatory and syringe driver prescribing and medicines reconciliation activity.

Qualitative data was gathered regarding patient and carers experience of CSNIP via interviews and written feedback, followed by thematic analyses.

Investigative methods identified processes supporting annual CSNIP prescribing reviews and supervision.

Results Prescriptions demonstrated an appropriate range of medications prescribed and within the CSNIP scope of practice. Analgesics were prescribed in 32% and central nervous system medications in 22% of cases, with increasing anticipatory and syringe driver prescriptions on previous years.

Feedback from patients and carers showed continued positive benefits, especially in managing complex end of life symptoms.

Support for CSNIPs is via partnership working with the local Community Health Care Trust and Medicines Management Team, involving annual mandatory CSNIP 'Prescribing Reviews' and supervision.

Conclusions The range of medications prescribed demonstrated appropriate CSNIP practice. Patients and carers valued the CSNIP clinical expertise and prompt receipt of medications. This evidences the value of CSNIP training. Annual reviews of CSNIP prescribing and support is via partnership working.

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ABSTRACT WITHDRAWN

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CHANGING THE CULTURE OF ANTIMICROBIAL PRESCRIBING IN A HOSPICE IN-PATIENT UNIT

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Palliative care patients are susceptible to infection due to their underlying condition and treatment. Studies have shown a prevalence of infection at the time of death in 47–63% of patients with advanced cancer, and large proportions of patients in specialist palliative care units receive antibiotics in the last week of life.

Antibiotics may be considered non-aggressive therapy and appropriate, even when other treatments such as intravenous fluids or chemotherapy are not. However, they carry significant risks including treatment related side effects, adverse