was 0.02 CRBSI/1000 catheter days in the 2-year period assessed. This compares with a rate in patients not suffering occlusions of 0.91 CRBSI/1000 catheter days.

Abstract PMO-066 table 1

Occlusion type	Detail	Methods used
Partial: n=11	Cause	11 Lipid
	Success rate	10/11 (91%)
	Failure	Used: M, SF, HC, A
		10 HC
Full: n=27	Cause	9 M
		9 S
		2 A
		1 U
		27 M
	Success rate	25 SF
		7 HC (with lipid)
		7 U
		3 A
		22/27 (81%)
	Failures	2 Fibrin
		1 Lipid
		1 Both
		1 Unknown
		Used: 5M, 4U, 3SF, 2U, 1A

Conclusion CVC salvage is often possible with line manipulation and persistent pulsatile flushing. Hub clearout with a needle is also safe and effective. Alcohol and urokinase have an occasional role but are often not required and may not work without additional measures. Post-salvage complications are rare. The apparent negative association between occlusion and infection runs contrary to the belief that infection and occlusion are linked, and warrants further study.

Competing interests None declared.

PMO-067 A RESPONSE TO NCEPOD (NATIONAL CLINICAL ENQUIRY INTO PATIENT OUTCOME AND DEATH 2010) REPORT—PRACTICE IN PROVISION OF PARENTERAL NUTRITION (PN) IN A REGIONAL REFERRAL CENTRE

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Introduction The externally peer-reviewed NCEPOD report into the provision of PN alarmingly identified suboptimal care in 81% of patients receiving PN. We audited the quality of care received by parentally fed patients at a specialist regional centre for intestinal failure and home parenteral nutrition.

Methods Data were collected retrospectively for 100 inpatients seen between April and December 2011 on an NCEPOD modified audit tool; case notes were reviewed. Type I and II intestinal failure patients were included; home parenteral nutrition patients were excluded from the study.

Results Mean number of days patients were fed on PN was 12.2 (NCEPOD 13.2) and the range was 1–276 days (NCEPOD 1–212). 10% of patients were fed for 3 days or less (NCEPOD 10%) and 93% were fed for 30 days or less (NCEPOD 61%). The top two specialities referring patients were Colorectal 27% and Oncology 18% as compared to 22% from general surgery and 20% started in ICU in NCEPOD report. 12% referrals were deemed inappropriate and not started PN (NCEPOD 15%).

Conclusion Our hospital is a regional centre for intestinal failure and PN is prescribed exclusively through the nutrition support team (NST). Thus in comparison with the NCEPOD findings, the PN service at UCLH is of a high standard. Data collection were suffi-

cient for direct comparison with most NCEPOD report parameters. The NST appeared to prevent inappropriate use of PN by not starting 12% of referred patients. Although a similar proportion of our patients (10%) were fed for 3 days or less as found in the NCEPOD report, half of these patients were commenced on TPN in ICU. We found much lower rates of PN-related metabolic and catheter-related complications compared with the NCEPOD report because of active NST monitoring and good quality nursing care. Retrospective data collection on IV fluid prescribing was not possible, but it was perceived that there was some inappropriate use of IV fluids. A comprehensive database is being developed to enable prospective data collection to evaluate and develop the service further.

Abstract PMO-067 Table 1

Outcome	NCEPOD	UCLH
Nutrition support team (NST) involvement	52.7%	100%
Appropriate first prescription	85%	100%
Adequate consideration of EN	67%	100%
Adequate biochemical/nutritional assessment prior	46%	100%
Documentation of nutritional assessment	48%	100%
Appropriate indication for PN	71%	95%
Adequate monitoring of PN patients	56.7%	100%
PN-related metabolic complications	40%	5%
Catheter-related complications	26%	5%

Competing interests None declared.

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PMO-068 TIMING OF PARENTERAL NUTRITION ADMINISTRATION SET CHANGES: IMPACT ON INCIDENCE OF CATHETER ASSOCIATED INFECTIONS

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Introduction Preparations of total parental nutrition (TPN) are stable for 48 h. For patients with requirements <2.5l/24 h individual bags of TPN are delivered for more than 24 h, resulting in cost savings and less frequent manipulations of the administration set. The epic2 guidelines recommend that administration sets exposed to lipids must be changed every 24 h to reduce possible line sepsis, effectively prohibiting the delivery of TPN bags over a period >24 h. The objective of this study is to determine whether the incidence of central venous catheter (CVC) associated infection is increased by running TPN over a period of >24 h compared to <24 h.

Methods We analysed the CVC infection rate for 550 patients receiving TPN over a 3-year period, a total of 8339 line days. We assigned each CVC line into two groups; those through which at least one bag of TPN had been run for more than 24 h (1063 CVC lines) and those in which every bag was changed within 24 h (166 CVC lines). CVC-associated infection was confirmed when the same organism was grown on central and peripheral blood cultures, or blood culture and CVC tip culture. Information on CVC line position, duration and complication rate was also collected.

Results The CVC infection rate was 3.26/1000 line days in the >24 h group (95% CI 3.0 to 3.5) and 3.14/1000 line days in the <24 h group (1.6 to 4.7). There was no significant difference in the infection rate between the two groups (χ^2 , p=0.84).

Conclusion Administering TPN via a single giving set over a period >24 h does not increase the incidence of central venous catheter associated infections.

Competing interests None declared.

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PMO-069

LINE SEPSIS RATES ARE SIGNIFICANTLY IMPROVED IN PARENTERAL NUTRITION PATIENTS BY HAVING A NUTRITION NURSE

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Introduction Recent UK NCEPOD data highlights catheter line sepsis as a major complication of Parenteral Nutrition (PN). We hypothesise that a Specialist Nutrition Nurse may improve line sepsis rates by educating ward staff on line care. Our aim was to evaluate line complications in patients treated at Guy's & St Thomas' Hospitals before and after this intervention.

Methods Prospective dual-centre cohort study of patients started on PN over two 12-month periods (2005; 2010). Clinical data collected via pro forma, microbiology data via Electronic Patient Records.

Results 221 patients were recruited (141 in 2010, 80 in 2005). From the 2010 cohort, 90 were ward-based, 57 on ICU. Duration of PN ranged from 1 to 171 days (mean 17). Access was established by central line (65%) or peripherally-inserted central (PICC) lines (35%). Use of PICC lines had increased since 2005 (84% central vs 16% PICC). The incidence of line sepsis was significantly lower in 2010 than in 2005 (11% vs 31%, Fisher's test $p=0.0002$). In 2010 9/15 cases of line sepsis were confirmed by blood/line tip culture. Line complications were more likely to occur in patients on wards than ICU (34% vs 2%, Fisher's test $p<0.0001$). By contrast, rates of confirmed line sepsis were not significantly influenced by line type (Fisher's test $p=0.5$).

Conclusion This dual-centre audit demonstrates a significant reduction in catheter-related sepsis between 2005 (31%) and 2010 (11%). This is likely due to the introduction of a Nutrition Nurse to facilitate monitoring and line care in PN patients. The discrepancy in line sepsis rates between wards and ICU indicates that there is still scope to improve line care on wards. Increased use of peripherally-inserted feeding lines has had no impact on line sepsis rates.

Competing interests None declared.

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Enteral nutrition

PMO-070

FREKA® PEXACT PLACEMENT IN PATIENTS WITH HEAD AND NECK CANCER—THE CITY HOSPITAL EXPERIENCE

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Introduction Patients with head and neck cancer are at risk of malnutrition as a direct result of the tumour or as a result of

treatment, that is, chemo-radiotherapy. Oral intake may not be enough to maintain nutrition, therefore many patients receive enteral feeding via a percutaneous endoscopic gastrostomy (PEG). A standard pull-through PEG may expose patients to the risk of tumour seeding within the tract in patients with oro-pharyngeal and oesophageal cancers. Current British Society of Gastroenterology guidelines recommend consideration for a direct gastric puncture technique and gastropexy for percutaneous feeding tube placement, with the technique being considered mandatory in those patients being treated with curative intent. The Freka® Pexact (Fresenius Kabi, Germany) set was used in our setting. We aimed to review our practice of this technique with particular attention to safety and complication rates with this method of PEG insertion.

Methods Patients having a Freka® Pexact placement for nutritional support at City Hospital, Birmingham, UK from 2009 to 2011 were identified using the ADAM® medical documentation system (Fujinon Europe GmbH, Willich, Germany) and the Nutrition team logs. Complications, peristomal infection and 30-day mortality were documented after review of case notes and liaison with Community Nutrition Nurses.

Results A total of 30 patients having Freka® Pexact placement were identified. The insertion was carried out as a day case procedure in 93.3% ($n=28$) of cases. Of these 76.7% were male ($n=23$). The mean age of patients was 58 years (range 35–81). All Freka® Pexact ($n=30$) were inserted for nutritional support in patients with head and neck cancer. Prophylactic antibiotics were received by 83.3% ($n=25$). Success of Freka® Pexact placement was 100% ($n=30$) with no immediate complications or procedure related mortality. Two patients (6.7%) were admitted for PEG related problems within 30 days. Peristomal infections occurred in 36.7% ($n=11$) of cases. The most common problem, other than infection, post-procedure was sutures becoming untied or falling out, this occurred in 16.6% ($n=5$) of patients, with consequence. There were no deaths at 30 days.

Conclusion Pexact insertion is safe and can be performed as a day case procedure. There are minimal complications. Our results compare favourably with those in the literature. This technique should be used in all patients having a PEG inserted for nutritional support in head and neck cancer.

Competing interests None declared.

PMO-071

ELEVEN YEAR REGIONAL UK COHORT STUDY REVEALS DISTINCTLY DIFFERENT TEMPORAL TRENDS BETWEEN NEONATAL AND PAEDIATRIC HOME ENTERAL TUBE FEEDING

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Introduction Home enteral tube feeding (HETF) is increasingly being used to provide nutrition support (NS) for children to promote growth and development. It is unclear if there are differences in the extent of use and temporal usage trends between neonatal and paediatric clinical practice.

Aims To determine:

1. Absolute numbers of children and neonates discharged on HETF from the regional (SE Scotland) tertiary paediatric and neonatal units, the temporal trends in both paediatric and neonatal HETF over an extended period, and the comparison of these trends.
2. The numbers of neonates transferred on enteral tube feeding (ETF) from the regional neonatal to the regional paediatric unit over the last 2 years of the time period and their outcome in terms of need for HETF.