Introduction In patients with head and neck (HandN) cancer, standard practice is to insert a prophylactic gastrostomy tube to optimise nutrition and enable nutrition support during treatment. Although traditionally an inpatient procedure, many are now treated as outpatients, allowing a more time and cost effective service. There is very little data however regarding patient satisfaction with this move to a day case model.

Aim Having recently introduced a new day case PEG service for HandN cancer patients in UHCW NHS Trust, we wanted to evaluate the service and compare patient satisfaction levels in both in-patient and day case cohorts.

Methods We selected 20 sequential HandN patients who had undergone a day case PEG procedure since the day case service was introduced in March 2013. For comparison, we identified a further 20 sequential HandN patients who had undergone PEG insertion as an in-patient during the previous 12-months (Oct 2012 to Sep 2013). Deceased patients were excluded. A modified GHAA-9 questionnaire was used to assess patient satisfaction with the procedure [1]. This questionnaire was sent out retrospectively, and a pre-paid reply envelope was included with the questionnaire. Patients not responding within 1-month were telephoned to ask if they wished to complete the feedback survey.

Results Day case patients (n = 20) were aged 40–70 yrs (mean 54); 80% male. In-patients (n = 20) were aged 42–81 yrs (mean 60); 59% male. 75% of the day case PEGs were inserted prior to cancer treatment start, versus 45% of in-patient procedures. Those undergoing in-patient insertions utilised 53 bed-days collectively. No patient from either cohort was admitted within 7 or 30 days. There were no major complications in either group.

Patient satisfaction questionnaires were returned by 26 (65%): 11 in-patients (55%) and 15 day case (75%). Mean satisfaction score for day case was 36.3 ± 3.8, whereas mean score for in-patients was 32.7 ± 7.8 (max score = 40). Only 1.7% day case patients identified aspects of their PEG procedure that were fair/poor, compared to 7.9% in-patients. In-patients described higher dissatisfaction relating to time from referral to insertion, and delays waiting for insertion once admitted.

Conclusion Our results suggest greater overall satisfaction in patients undergoing PEG insertion as a day case, with no increase in complications. Moreover the PEG was undertaken in a more timely fashion with the majority (75%) having their PEG inserted prior to treatment start. 53 patient bed days were saved for just 20 procedures which represent a cost saving to the Trust of approximately £13,992 [2].

Disclosure of Interest None Declared.

REFERENCES

Disclosure of Interest None Declared.
This study aimed to assess ICU nurses’ perception of their ability to assess critically ill patients’ nutritional status using the evidence-based guidelines.

**Methods** A cross sectional descriptive design was employed. A total of 190 ICU nurses from two health care sectors in Jordan participated in the study and completed a structured questionnaire prepared to assess nurses’ perception of patients’ nutritional status.

**Results** Nurses showed greater levels of responsibility for ‘preventing complications’ and ‘evaluation’ than ‘assessment’ and ‘identifying goals’. Tube position is still confirmed via unreliable measures such as air bubbling technique (mean 4.00, SD 1.14). The mean for measuring Gastric Residual Volume was above the mid-point (3.70, SD 1.33). However, there was inconsistency in recognising the limit, threshold and frequency of measuring this volume. Diarrhoea is the most frequent complication of enteral nutrition (mean 3.36, SD 1.34) followed by abdominal pain, tube dislodgment, weight loss and uncontrolled blood sugar. Nurses perceived that the incidences of complications are less likely to occur in the presence of evidence-based guidelines than absence (rho = 0.73, df = 251, p < 0.001).

**Conclusion** Nurses show more concerns about the outcomes of enteral feeding instead of the preliminary assessment. Measuring GRV and confirming tube placement are still deficient and require further attention. EBP is acknowledged by nurses where undertaking such protocols is emphasised.

**REFERENCES**

- Adam S, Batson S. A study of problems associated with the delivery of enteral feed in critically ill patients in five ICUs in the UK. *Intensive Care Med* 1997;23:261–266

**Disclosure of Interest** None Declared.

**PHT-050**

**THE IMPACT OF A DEDICATED INPATIENT BLEEDERS ENDOSCOPY LIST IN THE TIMELY MANAGEMENT OF ACUTE UPPER GASTROINTESTINAL BLEEDS**


**Introduction** Acute upper gastrointestinal bleeding (AUGIB) is still a medical emergency with a hospital mortality rate of 10%. NICE guidelines recommend that endoscopy is offered to all patients presenting with AUGIB within 24 h. In order to improve our waiting times, a week day dedicated Inpatient Bleeders (IB) list was introduced from October 2012 and its impact on time to endoscopy and length of hospital stay monitored through audit.

**Methods** A retrospective audit of all AUGIB in Princess Alexandra Hospital (a district general hospital in Essex) was conducted from April-September 2012 (prior to the introduction of the IB list) and January to April 2013 (post IB list).

<table>
<thead>
<tr>
<th>Abstract PHT-050 Table 1</th>
<th>Pre-IB</th>
<th>Post-IB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cases</td>
<td>103</td>
<td>88</td>
</tr>
<tr>
<td>No of AUGIB</td>
<td>65</td>
<td>60</td>
</tr>
<tr>
<td>(primary reason for admission)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days to OGD (days)</td>
<td>2.15</td>
<td>1.78*</td>
</tr>
<tr>
<td>% of OGDs within 24 h</td>
<td>36.9</td>
<td>53.3</td>
</tr>
<tr>
<td>Median LOS (days)</td>
<td>5</td>
<td>4*</td>
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</tbody>
</table>

* p < 0.05