0814: HOW ACCURATE ARE SURGEONS AT PREDICTING PAIN LEVELS EXPERIENCED WITH THE LOCAL ANAESTHETIC TECHNIQUE USED
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Introduction: This audit looks at pain levels experienced by patients having myringoplasties and 2 stapedectomies. Mean pain score was 2.17 (95% CI 1.41, 2.92). 56% of patients gave pain scores of less than 1/10 with only 14% reporting levels >5/10.
Results: 42 consecutive patients were included with a total of 40 myringoplasties and 2 stapedectomies. Mean pain score was 2.17 (95% CI 1.41, 2.92). 56% of patients gave pain scores of less than 1/10 with only 14% reporting levels >5/10.
Conclusions: In this rural setting there is little alternative to the current technique and this audit confirms that adequate pain control can be achieved with the local anaesthetic technique used.

0812: REVISITING AN OLD TECHNIQUE: LOCAL ANAESTHETIC FOR MYRINGOPLASTIES
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Introduction: This audit aims to assess surgical accuracy in estimating pain levels for patients undergoing myringoplasty and stapedectomies under local anaesthesia.
Methods: All patients operated on over a three day period during the BRINOS camp in November 2013 were included in the audit. A standardised technique was used for administration of local anaesthetic and pain scores taken from patients immediately post operatively. Surgeons were asked to predict what pain level the patient would report using the same visual analogue scale from 0 – 10.
Results: 42 consecutive patients were included with a mean score of 2.17 (95% CI 1.41, 2.92). 56% of patients gave pain scores of less than 1/10 with only 14% reporting levels >5/10.
Conclusions: The no significant correlation found between surgeons predictions and patient scores suggesting that the surgeons understanding of the pain levels differs significantly from those of the patient.

0842: CARE OF THE DYING ENT INPATIENT
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Introduction: Good palliative care for the Ear, Nose and Throat (ENT) inpatient poses a series of challenges; patients may deteriorate quickly and have difficulty verbalising their wishes. With our Trust’s introduction of a new Do Not Attempt Resuscitation (DNAR) policy and negative media coverage surrounding the Liverpool Care Pathway (LCP) we evaluated our communication regarding these issues.
Methods: 17 inpatients died in our ENT department over 2 years. Their notes were examined to see if we were meeting the communication standards set out by the LCP.
Results: DNAR orders (16/17 patients) 9 signed by senior member of staff (ST3+), 7 by junior. Discussed with patient – 6; unable to – 6; not discussed – 4. 10 discussed with patient’s family. LCP (17/17 patients). All discussed with patient and family where possible. Recognised as dying prior to death (16/17 patients). 8 discussed with patient and family by senior member of staff; 8 by junior or nurse
Conclusions: Good communication is essential for the care of the dying ENT patient. We should involve patients and families more in dialogues surrounding DNAR orders, and encourage senior members of the team to lead discussions once a patient is identified as dying.