

### 6.03 Review Of Palliative Care Needs Of Lung Transplant Candidates And Recipients At The Mater Misericordiae University Hospital: A Service Evaluation

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**Background:** Patients with advanced lung failure including patients on the active lung transplant list and post-transplant patients experience significant symptoms necessitating palliative care support. We sought to review symptoms, medications and palliative care input in these patients at end of life. **Methods:** Retrospective review of patients who died under transplant team from 01/01/2022 - 31/12/2023. Data collected using UK National Audit of Care at the End of Life. Demographics, symptoms, medication use and palliative care input during final admission were recorded. Descriptive statistics were generated.

**Results:** N = 23 (13 pre-transplant, 10 post-transplant). Mean age 56 years (range 30-75). Most prevalent symptoms: dyspnoea (91%), agitation (55%), pain (48%), cough (45%). Pre-transplant patients had higher mean daily opioid requirement in last 72 hours compared to those post-transplant (136.78mg versus 42.64mg). Opioid dose increased by 452% in pre-transplant and 952% in post-transplant across last 72 hours. Mean midazolam dose on day of death was higher in pre-transplant patients versus post-transplant (44.0mg versus 31.38mg). **Conclusions:**

- Patients with advanced lung failure have high symptom burden at end of life
- Medication needs increase substantially in last 72 hours
- All team members involved with advanced lung failure patients need education on symptom management as they differ to other pathologies.

**Key words:** Lung transplant; Palliative care **Conflict of Interest:** The authors declare that they have no conflict of interest