Research Objectives. To determine the location of death and acute care utilization by people with SCD at end-of-life.

Methods. The study utilized the California Sickle Cell Data Collection Program database, which combines data from administrative sources, vital records, and Medicaid claims. We examined people with SCD who died between 2006 and 2015 (cases) and examined their utilization of the hospital, emergency department (ED), and intensive care unit in their last year of life compared to living controls with SCD matched 1:1 based on age, year, insurance, and income.

Results. The 485 cases with SCD died at a mean age of 44y (SD: 16y). Most people with SCD died in the hospital (63%) after short admissions (mean 3.4d) and the ED (15%). In the last year of life, people with SCD were admitted for an average of 42d (SD: 49d) over 5 inpatient admissions. Utilization patterns were stable throughout the year and comparable for cases and controls until the month before death when the cases had a sharp increase in utilization with the exception of 1) a slow increase in the length of hospital admissions for cases (2.6 days 12 months before death to 5.7 days the month before death) and 2) more ED visits for young adult (22-39y) cases compared with children and older adult SCD cases or young adult SCD controls.

Conclusion. People with SCD are dying acutely and at a young age – with most dying in the hospital (after short visits) and in the ED.

Implications for Research, Policy, or Practice. In SCD, a palliative approach to care should be extended beyond managing chronic pain and psychosocial challenges to include advanced directives and living wills at a young age.

Periprocedural Code Status Discussions for Inpatients Undergoing Percutaneous Gastrostomy Tube Placement (S836)

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Objectives

1. Describe recommendations for "Do-Not-Resuscitate" orders in the periprocedural period.
2. Discuss current low rate of documented periprocedural code status conversations for patients undergoing inpatient G-tube placement.

Original Research Background. Gastrostomy tube (G-tube) placement is a common procedure performed for patients with life-limiting diseases. Patients may present for G-tube with a "Do-Not-Resuscitate" (DNR) order. Despite multiple national societies recommending periprocedural conversations for patients with a DNR status, it is not clear how often these conversations occur.

Research Objectives. We sought to evaluate the frequency of documented code status conversations for inpatients who are DNR at the time of G-tube placement at an academic medical center. We also explored factors associated with the presence of a documented conversation.

Methods. We performed a retrospective chart review for adult in patients undergoing G-tube placement between May 2016 and May 2017. We abstracted demographic information, type of G-tube inserted, code status, indication for G-tube and mortality data. For patients with a code status other than "Full" at time of G-tube, notes five days pre- and post-procedure were reviewed for documentation of a code status discussion.

Results. We identified 254 adult inpatients who underwent G-tube placement during the one-year study period. 101/254 patients (44%) were 66 or older, 62% were male and more than half had the highest severity of illness. The most common indication for G-tube was dysphagia/aspiration (23% of patients). Thirty-three (13%) had code status other than "Full" at the time of procedure. Of those, 9 (27%) had documented code status discussion. Patients for whom anesthesia was involved were significantly more likely to have a documented code status discussion (89% of patients with an anesthesia consult vs. 33% of patients without; p=.0057).

Conclusion. The majority of patients with code status other than "Full" at the time of procedure did not have documented discussions in the chart despite clear recommendations from major medical societies.

Implications for Research, Policy, or Practice. Future work should include investigation into interventions to improve the rate of code status conversations as well as ensuring these are appropriately documented.

A Pilot Study of Hospice Admission Predictors of Hyperactive Terminal Delirium (S837)

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Objectives

1. Identify types of terminal delirium and its relevance to hospice patient care.
2. Describe the relationships between hospice admission data and hyperactive terminal delirium.
3. Recognize opportunities for future research about terminal delirium.

Original Research Background. Terminal delirium is a common occurrence at the end of life. It is a