Post-implementation, 94% of parents understood why their baby was on antibiotics and 88% had knowledge of antibiotic duration. 95% of parents found the leaflet useful with an increase of 20% of parents feeling confident about going home (95%) see table 1.

Abstract G133(P) Table 1

Questions	Pre-implementation of Leaflet	Post-implementation of leaflet	Improvement percentage
Understanding of why on Antibiotics	72%	94%	22%
Confidence going home	75%	95%	20%
Knowledge of antibiotic duration	29%	88%	59%

Conclusion Following introduction of our leaflet there has been an improvement in parental understanding and confidence going home. This in turn has led to an overall increase in parental satisfaction of their baby's care.

G134(P) IMPROVING COMPLIANCE WITH NATIONAL GUIDELINES FOR EARLY ONSET NEONATAL SEPSIS

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Aim An audit of compliance with NICE guideline CG149 for the management of early onset neonatal sepsis (EONS) undertaken at this hospital indicated underperformance with respect to duration of antibiotic treatment and choice of benzylpenicillin dose. A re-audit was carried out to evaluate the impact of measures introduced to improve compliance, with a particular focus on duration of antibiotic treatment.

Method Results of the initial audit were presented to the department, leading to the selection of champions for change. An intervention strategy was devised, which comprised of introducing a new section to the neonatal handover list, whereby date and time when repeat CRP and review of blood cultures should take place was clearly documented, together with results as they became available. This intervention was introduced at a departmental meeting, and received enthusiasm from junior doctors and consultants. Both audits were retrospective, spanning 12 months and 5 months respectively. Data were retrieved from case notes and the Trust's electronic laboratory management system.

Results The findings presented in the table 1 show that;

1. audits analysed >75% of the cases of suspected EONS;
2. proportion of babies receiving ≤48 hours of antibiotics increased from 18.5% to 69%;
3. proportion of babies receiving a full 7 day course of treatment increased from 35% to 82%;
4. compliance with benzylpenicillin dosing increased to 100%.

Abstract G134(P) Table 1

	Original Audit (12 months)	Re-audit (5 months)	p*
Babies tested for suspected EONS, n	204	106	
Casenotes reviewed, n (%)	159 (78)	80 (75.5)	0.95
Babies without sepsis receiving ≤48 hours of antibiotics, %	18.5	69	<0.0001
Babies with sepsis receiving 7 days of antibiotics, %	35	82	0.02
50 mg/kg dose of benzylpenicillin used for meningitis only, %	0	100	<0.0001

*Mann-Whitney test

Conclusion Introducing a robust system for ensuring the timely review of CRP and blood culture results has improved overall compliance with NICE guidelines, and in particular, has significantly reduced the number of babies receiving inappropriate durations of antibiotic treatment.

G135(P) CHANGING LOCAL POLICY ON INTRAVENOUS FLUID CHOICE; IMPROVING SAFETY, COST-EFFECTIVENESS AND COMPLIANCE WITH BEST PRACTICE

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Aim Using isotonic solution is considered best practice in the treatment of most children requiring intravenous fluids, in accordance with NICE guideline NG29. We observed that paediatric patients in this hospital frequently received 0.45% saline with additional glucose ±potassium for maintenance. Other fluid preparations frequently prescribed for children included 0.9% saline and Hartmanns Solution. Our aim was to develop a new guideline for intravenous fluid prescription which conformed to best practice and streamlined choice of solution.

Methods A review of evidence regarding use of isotonic fluids in paediatrics was undertaken. Based on this, the feasibility of introducing PlasmaLyte (with and without 5% glucose) was explored. Information concerning licensing, safety and cost-comparison with intravenous solutions currently used in the trust was reviewed. The acceptability of PlasmaLyte within the regional paediatric network was established. This information was presented to key stakeholders, followed by a proposal to introduce PlasmaLyte as the fluid of choice in all paediatric patients in the trust, unless specifically contraindicated.

Results PlasmaLyte is a balanced crystalloid licensed for intravenous use (with and without 5% glucose) in paediatrics, for bolus and maintenance infusion. An emerging body of evidence supports its clinical superiority when compared to other fluid preparations. There are, however, certain conditions, for example pyloric stenosis, in which PlasmaLyte is contraindicated. Although more expensive than saline solutions, taking into account the frequency of use of saline with additives, which is considerably more expensive, overall cost-comparison

between PlasmaLyte and the fluid preparations currently used in this trust indicated that PlasmaLyte and PlasmaLyte with 5% glucose is more cost-effective. PlasmaLyte is already used by the regional paediatric transport service.

Conclusion PlasmaLyte (and PlasmaLyte with 5% glucose) constitutes a safe, cost-effective intravenous fluid for most paediatric patients, which conforms to best practice. Furthermore, streamlining of intravenous fluid choice both within the trust and the wider paediatric network reduces confusion, promoting safety and continuity of care. Overall, PlasmaLyte (and PlasmaLyte with 5% glucose) constitutes a suitable fluid of choice for use in all paediatric patients in the trust, unless specifically contraindicated.

G136(P) MARKETING PAEDIATRICS – AN INTER-GENERATIONAL COLLABORATION

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Aims Applications for ST1 training in paediatrics in the United Kingdom fell by 27.5% from 2015 to 2017 as follows: 800 applicants in 2015 to 743 in 2016 and 580 in 2017. There were a similar number of posts advertised each year. In 2017 the overall fill-rate of ST1 paediatric training posts was 83% necessitating the RCPCH to re-advertise ST1 posts and conduct second-round interviews for the first time. Between 2013 and 2016 there has been a 27.2% fall in the number of F1 doctors planning to apply to paediatric training.

We have developed a number of strategies to improve recruitment. We noted that there were limited visual resources on line to inform and attract potential trainees to paediatrics training, especially in our region.

Methods In conjunction with a team of four sixth-form students who were pursuing media/film studies and were keen to undertake a service project, we embarked on the creation of an online video. Multiple project-planning meetings were required so that students could understand the target audience and purpose of the video, i.e. capturing the essence of being a paediatric trainee in our programme. Patients and their families gave their consent to participate in this project.

Results An eight-minute, trainee-focussed video of high quality was created to attract junior doctors to paediatric training in this deanery. In producing this video, current trainee engagement was incredibly enthusiastic, with a keen sense of a paediatric community in the deanery. It highlights our achievements as a School of Paediatrics, including the PAFTAs and outstanding support for academic training. Patient participation demonstrated that junior doctors were valued and appreciated. The sixth form students gained the experience they required in producing short films.

Conclusion This example of our work to recruit junior doctors to paediatric training in our region was a fantastic way to engage young people in an inter-generational collaboration to benefit the wider community. We are very proud of this video, of our region and hope this will be reflected with better recruitment and retention of doctors in the future. We encourage other regions to consider similar projects to enhance recruitment.

G137(P) ARE PHYSICIAN ASSOCIATES THE ANSWER TO PAEDIATRIC ROTA GAPS?

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Aims Physician Associates roles have been proposed as a solution to junior medical workforce gaps. We carried out a survey to assess how prepared student Physician Associates (PAs) felt near the end of their two-year course and their current career plans.

Methods The first cohort of student PAs funded by Health Education North West finish training in January 2018 and were invited to a recruitment day at Warrington hospital. A questionnaire survey was handed to all 36 attendees, 20 responded. We asked about their career aspirations and to rate how well they felt their course had prepared them to perform aspects of their role as defined by the Faculty of Physician Associates. We used a 1–5 rating system with 1=not prepared at all and 5=very well prepared.

Results 75% were females and 90% were in the age group <30 years. All the students held a life science degree but only 70% had some previous work experience. Student PAs felt well prepared in the areas of history taking and examination with 90% and 85% scoring 4 or more respectively. Most also felt confident in making a diagnosis, 75% scored 4 or more. The student PAs felt less prepared to interpret test results and formulate management plans with 55% and 50% scoring 4 or more respectively. With regards to career aspirations 65% wanted to work within A and E or acute medicine, the remaining 35% were undecided.

Conclusion It appears that PAs need more support in interpreting test results and management plans. The recruiting teams need to focus on this during their initial placements and provide appropriate mentoring and supervision support. Within this cohort of student PAs, paediatrics did not seem to be a popular choice. However, 35% of them were undecided on future career plans. As a paediatric community we need to make the specialty more attractive when PAs rotate in the department if we want them to address our junior medical workforce gaps.

G138(P) ACUTE BRONCHIOLITIS: VARIATIONS IN INTRAVENOUS FLUID ADMINISTRATION

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Introduction Bronchiolitis is the most common cause of hospitalisation during infancy. Management is primarily supportive. Increased respiratory effort and decreased fluid intake increase the risk of dehydration and in severe cases, intravenous (IV) fluid therapy is required. Over the past decade there has been a shift from hypotonic to isotonic fluid prescription as hyponatraemia is a recognised complication of IV therapy with potentially fatal consequences. This risk is increased in infants with respiratory syncytial virus (RSV) bronchiolitis due to increased anti-diuretic hormone secretion. This is reflected in