medicines administration. A review of the trust and critical care transitioning pathways showed that very little information on medication history, if any, was documented throughout the transitioning process. Adult and paediatric critical care clinical pharmacy teams met to review and improve the transfer of medicines information for transitioning patients. Various paediatric themes were presented and discussed. These included the common use of unlicensed liquid medicines in paediatric patients to facilitate weight-specific doses via feeding tubes and paediatric treatment strategies that would be less familiar to our adult colleagues e.g. ketogenic diets. The significant role of the parent/carers in their child's medicines administration was also highlighted. Furthermore, at the paediatric trust, parents/carers are allowed to administer medicines to their child in hospital but there is no facility for this currently in adult healthcare, which parents may find difficult to accept. The meeting action points were taken to the critical care transitioning meeting which is attended by medical and nursing staff from both the adult and paediatric units along with members of the transitioning team. It was agreed that the critical care transitioning pathway should include a drug history and this has since been added. In addition, a Critical Care Pharmacy Handover will be prepared for transitioning patients to include the patients most recent medicines reconciliation with allergy status, critical care discharge summary and if applicable discharge prescription. This information will be held by the transitioning sister at the adult critical care unit along with the patients transitioning notes.

Conclusion We need to make improvements in patients medicines optimisation when transitioning between paediatric and adult critical care. A minimum standard of information transfer was agreed with our adult colleagues and transitioning documentation was reviewed and updated to include medicines reconciliation in the basic information transfer for all transitioning patients. It is essential however that we continue to work closely with our adult critical care colleagues to ensure continuity and patient/parent/carer engagement.

REFERENCES

1. National Institute for Health and Care Excellence. Transition from children's to adults' services for young people using health or social care services. NICE guideline 43, February 2016.
2. NHS England. Paediatric critical care and specialised surgery review: issues to address. 2016.

P010 INFLUENCING CHANGE: IMPACTFUL COMMUNICATION – PAEDIATRIC DIABETES PRESCRIPTIONS

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Aim The paediatric wards in two hospital sites within one Trust deal with the supply of newly diagnosed diabetic prescriptions differently and the aim of this project was to have uniformity throughout the Trust with regards the supply of these discharge items, with both hospital pharmacy sites supplying the discharge items. Having completed the Pharmacy Management Clinical Leadership in Pharmacy (CLIP) program I wanted to use new skills learned throughout CLIP to be able to lead on influencing a change of practice on one hospital site and have uniformity across the Trust. I wanted to be able to persuade one site to change their practice of over 20 years and start getting the items dispensed through the hospital pharmacy.

Methods Using the GROW model I ensured I was clear on what my plan was and that my goals were SMARTER. I had to deal with a number of different professionals and was prepared for some conflict as was expecting resistance to change. I met with the key stakeholders with regards the change. I communicated with medical staff, nursing staff and dispensary manager in the relevant hospital, and used the Colours Model¹ to help me with this. The Colours Model is a simple and effective way to analyse our own communication preference and also to understand the preference of others. Knowing this I was then able to flex my communication style accordingly to engage with all parties more effectively. I identified what 'colour' I classed each group as and used different styles of communication for each. I also reviewed the records of newly diagnosed diabetic patients discharged from the paediatric ward over a period of one year to determine what discharge letter was given to the patient, and what detail was on it.

Results Of the patients discharged in 2017, only 44% had a discharge on the relevant electronic system with pharmacy items on it, with just one having all required items. I communicated the following way with the different staff, once I had identified their 'colour'. Medical staff (GREEN - Amiables, who are task focused and have indirect style). I focused on whole team and explained the benefit for change across interface. Nursing staff (RED - Drivers, who are task focused and have a direct style). I got straight to the point, explained reasons and results. Dispensary manager (BLUE - Analyticals, who are task focused and have an indirect style). I emailed in advance. Got to the point and gave exact details.

Conclusion All Staff agreed to the change in process in the paediatric ward. All discharges for newly diagnosed diabetic children on both sites will be electronically written and dispensed within the hospital pharmacy. The outcome for patient care is a more seamless transition of care between interface. By undertaking the CLIP programme I acquired a number of important skills to enable me to successfully lead this change. I made my voice heard and led with impactful communication.

REFERENCE

1. CLIP workbook Leading with Impactful Communication Chapter 5 The Colours Model January 2018.

P011 AN EXPERIMENTAL TREATMENT FOR ENTEROVIRAL SEPSIS

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Background A male infant was admitted to the neonatal unit with respiratory distress, following delivery by emergency caesarean section at 36/40 for maternal illness (viraemia). The patient's condition deteriorated with disseminated intravascular coagulation (DIC), abnormal liver function, ascites and pleural effusions. Enteroviral sepsis was diagnosed following positive enterovirus PCR on lumbar puncture and stool sample.

Summary of problem There are no commercially available treatments for enterovirus in the UK. Following an extensive literature search, the neonatology consultant became aware of an experimental treatment with potential action against enterovirus.^{1 2} Pocopavir is an investigational drug candidate developed for poliovirus indications, but also has antiviral activity