

current practice and agree the new standardized formulations and develop guidelines for use. These were based on European Society of Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN) and British Association of Perinatal Medicine (BAPM) guidelines and expert opinion.^{3 4} Advice on stability and compounding was sought from commercial experts. Assistance to award a contract to supply the network was sought from a group purchasing organisation to ensure capacity planning and cost effectiveness.

Results Consensus on four concentrated formulations was agreed by the network group and all six units within the network are now successfully using these.

Conclusion This has been a lengthy process but it was possible to establish agreement of a structured set of standard bags that would deliver nutritionally complete PN to the cohort of babies in our network. Re-audit is now underway in house to compare to previous practice and we hope to shortly roll this audit out across the network. Future aspirations are to devise a system to manage stock control across the entire network, work towards reaching national consensus, work with commercial partners to obtain extended expiry with peditrace addition and to work in partnership with commercial companies to formulate licensed products.

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P014

AN AUDIT ASSESSING THE PRESCRIBING OF NALOXONE IN PAEDIATRIC PATIENTS

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Aim To assess whether paediatric patients who were prescribed opioids, had also been prescribed naloxone.

Methods The audit was registered with the Clinical Audit and Effectiveness Department and ethical approval was not required. Patients who were taking weak opioids were excluded from this audit. A data collection sheet was created and data collected prospectively, over a two-month period. Forty-one inpatient medication charts were reviewed, to identify whether naloxone had been prescribed on the PRN section of the chart for patients who had been prescribed opioids, also to see whether the standards set for this audit had been met. The data was analysed with Microsoft excel.

Results There were 41 paediatric inpatient charts reviewed in total. Three standards were set for this audit which were derived from local 'Multidisciplinary Guidelines for Acute Pain Management in Children and Young People'.¹ The first standard was that 'all paediatric patients who are prescribed opioids should have naloxone prescribed' which was met by 17% (7/41) of the inpatient charts. The second standard was that 'naloxone should be prescribed on the 'when required' PRN section of the drug chart' which was met by 100% (7/7) of

the inpatient charts. The last standard was that 'the directions for naloxone should include instructions to call a medical practitioner and to immediately commence the administration, if respiratory depression is encountered',^{1 2} which was met by 86% (6/7) of the inpatient charts.

Conclusion There is significant lack of naloxone prescribing in paediatric patients who are on opioids. This is reflected from the results showing that only 17% (7/41) of patients on opioids had naloxone prescribed on the PRN section of the chart. The inpatient charts which had naloxone prescribed, did not all have the correct dose and instructions on how it should be administered, only 86% (6/7) did. The results suggest that there is a lack of understanding on the importance of naloxone and how it should be prescribed on inpatient charts. The findings of this audit will be presented at the Paediatric Audit meeting and the Surgical Paediatric meeting, to educate prescribers on the importance of prescribing naloxone in patients who are receiving opioids and to reduce adverse effects that could occur due to opioid toxicity.

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P015

YELLOW CARDS ARE STILL NOT ON EVERYONE'S TO DO LIST

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Aim To look at how the Yellow Card Scheme is used by health care professionals (HCPs) in child health.

Methods An online SurveyMonkey questionnaire was devised to look at how healthcare professionals (HCPs) have used the Yellow Card Scheme in clinical practice. It comprised of 10 questions (9 multiple choice and 1 freestyle text). What type of healthcare professional are you? Are you aware of the Yellow Card reporting scheme? Have you ever used the Yellow Card Scheme to report an adverse drug reaction? If yes, how did you make the report? (If no, select N/A) If you haven't ever reported a reaction, would you know how to? Have you ever completed an e learning module about the Yellow Card Scheme? Are you aware that parents can report adverse drug reactions using the Yellow Card Scheme? Have you ever been aware of an adverse drug reaction but decided not to report it? If yes, what was the reason you chose not to report it? (If no, select N/A) Can you think of any ways to make the Yellow Card Scheme more accessible to healthcare professionals? It was piloted on 5 HCPs and minor textual revisions made. The questionnaire was then undertaken via face-to-face interviews during June 2018.

Results 50 healthcare professionals completed the questionnaire: 16 doctors, 13 nurses, 8 pharmacists, 9 medical students, 2 nursing students and 2 pharmacy technicians. 43/50 were aware of the Yellow Card Scheme (10 undergraduates and 33 postgraduates). 18 participants had used the Yellow Card whilst 32 had not reported an adverse drug event. Out of the 32 respondents who had never reported a reaction, 13 (7 undergraduates and 6 postgraduates) said that they would not know how to report a reaction if required. Only 9 had completed an online e learning module about the Yellow Card