much blood volume is shared between the twins) would affect the volume of distribution and hypoalbuminaemia was likely to increase the apparent volume of distribution. Based on this, ceftriaxone dosing was advised on the combined weight of the twins and given at 50 mg/Kg to M only. Ceftriaxone is excreted mainly unchanged in the urine and bile with little renal clearance or hepatic metabolism so this was not a concern. After 2 days, Ds CRP had reduced and the twins were switched to oral amoxicillin. Dosing was based on the combined weight of the twins and each was given half the dose. As each twin has a separate stomach, it was assumed relatively individual enteral absorption occurs. Ds CRP continued to drop and the twins were discharged home on day 4 with a further 3 days of oral amoxicillin. Paracetamol dosing was advised at 15 mg/kg based on the combined weight and half given to each twin. As required use was agreed, as there was uncertainty over the amount of hepatic metabolism that would occur by the twins shared liver.

Lessons learnt Conjoined twins are a complex yet interesting challenge in terms of medication dosage and administration. There is a lack of evidence and dosing has been based on pharmacokinetic principles and adjusted according to clinical response.

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P020 VITAMIN SUPPLEMENTATION SURVEY: AN AUDIT OF THE USAGE OF VITAMIN D SUPPLEMENTATION IN PAEDIATRIC PATIENTS, PREGNANT WOMEN AND BREASTFEEDING MOTHERS

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Background A lack of vitamin D can lead to skeletal deformities and disturbances in growth.[1] The Scientific Advisory Committee on Nutrition (SACN) published a report in July 2016 making new recommendations for vitamin D supplementation. Subsequently, our local guidelines were updated on the supplementation of vitamin D in the paediatric population, pregnant women, and breastfeeding mothers.

Aim It is currently unknown whether these guidelines are being adhered to and as such, this audit was designed to assess the vitamin D supplementation status of these populations.

Objectives Establish current level of understanding around the routine use of vitamin supplements; Consider what advice is currently provided and who provides this advice; Determine the current use of vitamin D supplementation in children as well as the levels of vitamin D supplementation in breastfeeding mothers and pregnant women; Assess whether these groups are consuming appropriate quantities of vitamin D supplementation and identify reasons why they may not be.

Methods Data collection was undertaken by pharmacists across two hospitals. Standards were based on the new guidelines published by SACN and local guidelines and were agreed by the clinical lead paediatric pharmacist. Data capture tools were designed in alignment with the standards and piloted. Modifications were made, exclusion criteria established and a total of 164 forms were distributed. All data collected was inputted to a database and analysed accordingly. Ethical approval was not required.

Results Of the 164 questionnaires distributed, 93 were returned (57% response rate). Less than 30% of the parents surveyed stated they had received advice on childhood vitamin supplementation (n=16 of total n=54) and only 24.5% of children (n=25 of total n=102) were receiving a form of vitamin supplementation. A significantly higher percentage of pregnant/breastfeeding mothers 77% (n=30 of total n=39) stated they had received advice regarding vitamin supplementation. In these cases, midwives and health visitors most commonly provided the advice. Despite this, only 54% (n=21) confirmed that they were taking vitamin supplements.

Conclusion With such low rates of vitamin supplementation, the overall outcome shows poor adherence to current guidance. The results suggest a great need to improve public understanding and education of the risks associated with lack of vitamin D. Standardising practice, enhancing services and the advice provided to patients are ways to encourage compliance to guidelines and ultimately improve the health of those populations who are at risk.

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P021 DO ADOLESCENTS WANT SEPARATE INFORMATION LEAFLETS?

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Aim Medicines for Children (MFC) is a collaboration between RCPCH, NPPG and Wellchild, a parent charity. It provides web-based, reliable information for parents about medications they give their children. There are leaflets on around 300 medicines. Currently the leaflets are primarily targeted at adults, (with 11–12 reading age), but due to the possible differing needs of adolescents, MFC are considering developing separate leaflets for adolescents. The aim was to explore the contrasting understanding and opinions of adolescents and adults on these leaflets thus informing Medicines for Children about the need for a separate leaflet. We used the Midazolam leaflet as an example to test this on.

Methods It was performed face to face using laptop Google form surveys in the paediatric outpatient department. Participants (parents, and adolescents aged 12–18) read the Midazolam leaflet and answered these 10 questions: Where do you go for information on medicines (for you or your children)? Have you heard of 'Medicines for Children'? How old are you/your children? Was the leaflet written in a way you could understand? Do you like the layout of this leaflet? At what time should someone call an ambulance if you/your child is having a seizure? Where should the Midazolam be given? What may be a common side effect of Midazolam that was mentioned in the leaflet? Is there any more information you would have liked from the leaflet? Do you think there should be a separate leaflet for adolescents? (Only asked to adolescents)

Results Overall 214 surveys were collected; 177 adults and 37 adolescents. Only 11 adults and 0 adolescents had heard of