GP96

UNDERSTANDING PARENTAL EXPECTATIONS: THE STRUGGLES OF YOUNG PEDIATRICIANS (A SINGLE-CENTER EXPERIENCE)

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Introduction As pediatricians, we rely considerably on the collaboration with our patients' parents, especially in outpatient care. Parental attitude towards medical advice is an important aspect in compliance with treatment. As young pediatricians in training, we sometimes encountered difficulties in understanding the particularities of parental mindset.

Purpose We aimed to explore several hypotheses that might lead to parental communication problems in our clinical practice. Also, we were interested in testing several factors we assumed influenced the attitude of caregivers toward their child's pediatrician, such as online mass media and online discussion groups.

Material and methods We carried out a cross-sectional survey addressed to parents that sought medical care for their child at Cluj-Napoca Emergency Children's Clinical Hospital. The parents were asked to fill in a printed or an online questionnaire with topics regarding their satisfaction after the medical consult. Through the questions, we tried to ascertain if they felt sufficiently informed and reassured about their child's condition and its course, if they needed more medical information about the treatment, if they had any reservations or mistrusted the prescribed treatment and how much of this influenced their compliance to the treatment. Through this, we aimed to understand the factors that make parents seek additional advice and where they go to find it.

Results Parental attitudes towards healthcare professionals seem to be influenced by internet-facilitated access to unprocessed medical information. Additionally, social media platforms likely represent the preferred framework to express opinions.

Conclusion We believe that understanding the expectations of our patients' caregivers is of utmost importance in order to gain their trust and to build a relationship based on mutual understanding. It is our opinion that complementary to medical education, young pediatricians could benefit from counseling and training in communication skills, ultimately becoming better professionals.

GP97

OUT WITH THE OLD, IN WITH NEW: ARE WE STILL HESITANT IN IMPLEMENTING THE NEW NRP 7TH EDITION GUIDELINES TO DETERMINE INITIAL ENDOTRACHEAL TUBE INSERTION DEPTH FOR OROTRACHEAL INTUBATION?

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Introduction It is quite challenging to insert& accurately position Endotracheal tube (ETT) in preterms. Mal-positioned ETTs are associated with complications like hypoxaemia, pneumothorax and right upper lobe collapse. In addition, adjustment of incorrectly placed ETTs requires additional handling of the infant, exposure to radiation and potentially increased risk of infection.

Aim To determine the chance of error of the '6cm+birth-weight' guide for calculating orotracheal-ETT position and further review the compliance with new 'tip-to-lip' guidelines on a national scale.

Method Three years retrospective data of pre-terms (<32weeks), requiring intubations, was collected from various hospitals. These hospitals used 'weight+ 6cm' as a guide for orotracheal intubations.Using the Radiology database, chest X-ray PA view of the first intubation, was considered as our standard to check optimal(T1-T3) and sub-optimal (above T1&below T3) 'lip-to-tip' ETT position. Data was then analysed based on birth-weight and categorised as follows: 500–1000 g and 1000–2000 g.

The results then prompted us to conduct a telephonic survey of 18 hospitals across Ireland, providing level 1–3 neonatal services. Paediatrics/neonatal registrars were contacted by phone to answer a five question survey regarding the current practice of calculating 'Tip-to-Lip' insertion depth of ETT in pre-terms at their hospital.

Results We found that as birth-weight decreases, the percentage of error (when using 'birth-weight+6cm' as a guide), increases. For birth-weight between 500–1000 g, our results showed a 58% (22/38) error in tube insertion depth, this decreased to 50% (11/22) for neonates between 1000–2000 g.

The results from the telephonic survey were as follows:

Method of insertion	No. of hospitals
Weight + 6cm (6 th ed. NRP)	8
NLT + 1cm (7 th ed. NRP)	2
7 th ed. NRP (Consultant preference)	6
Don't know	2

Conclusion It is concluded using 'weight+6cm' guide is less reliable and gives a higher chance of error in pre-terms <1000 g. Our survey showed that 55% of hospitals across Ireland still haven't adopted the NRP 7th edition guidelines. The remaining hospitals though using NRP 7th edition, only 2/8 have specified the method implemented.

Recommendation All hospitals should follow the new NRP 'Tip-to-Lip' insertion depth guidelines for oro-tracheal intubation to reduce the likelihood of error. There should be intra-departmental unanimity on implementation and documentation of specified methods to make it easier for future studies on accuracy of different methods. Practical simulation based sessions should be conducted in every hospital to propagate more awareness & to enhance intubation skills of health care professionals.

GP98

IL-1- β LEVELS AT PRESENTATION WITH PAEDIATRIC MILD TRAUMATIC BRAIN INJURY ARE HIGHER IN CHILDREN WITH PREVIOUS MILD TRAUMATIC HEAD INJURIES

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Aims To evaluate end components of the innate immune system, the inflammome, in mild Traumatic Brain Injury (TBI),

a pathway activated in mild traumatic brain injury and to correlate with previous exposure to head injury.

Methods Whole blood was sampled from children with mild TBI at presentation with injury and compared to healthy paediatric controls at baseline. RNA was isolated and cDNA was synthesized. Gene Expression of IL-1 β via rtPCR was recorded in 18 patients 5 controls at baseline. Of 18 patients, 10 had previously suffered concussion.

Results Mechanisms of injury included sporting and school yard clashes, falls from bikes and falls from bed. GCS was 14 – 15/15 in all. Inflammation was upregulated via IL-1 β expression in children with previous episodes of mTBI compared to those with no previous history. ($p = 0.08$) The highest IL-1 β , 8000 fold that of baseline. This was recorded in a child who had previously had rehabilitation following a road traffic accident 7 years previously.

Conclusion Inflammation is altered in TBI compared to controls. IL-1 β gene transcription was higher in those with previous episodes of concussion. Immune memory may be a factor in the clinically evident burden of symptoms following repetitive head trauma, and this warrants further exploration.

GP99

IMPROVING PAEDIATRIC TEAM HANDOVER: A QUALITY IMPROVEMENT PROJECT

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Introduction The importance of good communication during transition of care is well recognized. Poor handover has been linked to serious patient harm. Paediatric team handover at shift change was identified as an area in need of improvement. Therefore, a project was designed to look at the current Paediatric team morning handover practices and to improve the overall quality of clinical handover.

Aims The objective of this quality improvement project is three-fold: 1) To assess the quality of current handover practices, 2) To improve handover using 'ISBAR' standardized handover tool, and 3) To re-audit clinical handover after implementing changes.

Methods An assessment was performed to establish current handover practices. Paediatric team handovers at shift change from 01/08/2018 to 31/08/2018 were assessed. Daily handover sheets and attendance log-books were reviewed to determine the number of admissions, number of handover sheets and handover duration in minutes. The primary intervention involved education on the 'ISBAR' communication tool. Formal training was provided for consultants and non-consultant hospital doctors (NCHDs) explaining the 'ISBAR' handover communication tool. An 'ISBAR' handover performativa was implemented. Handover was re-audited from 01/09/2018 to 30/09/2018 to assess changes in practice. A prospective daily log of the number of hospital admissions, number of handover sheets and handover duration was recorded.

Results A baseline assessment of the paediatric team handover pre-intervention in August 2018 showed that the median number of admissions overnight was 5, the median duration of verbal handover was 23 minutes and written handover involved a median of 3 A4 landscape pages. Following

implementation of changes to current handover practices, the median number of admissions overnight in September 2018 was 5, the median duration of verbal handover was 14 minutes and written handover involved a median of 2 A4 landscape pages.

Discussion The initial assessment revealed the paediatric team handover failed to comply with national clinical guidelines. There was no use of a standardized template, handover content was variable, important information was often omitted and irrelevant information was included. In summary, this study improved the quality of clinical handover by incorporating a standardized template and by providing NCHDs formal training in handover communication skills.

Conclusion Introducing the 'ISBAR' communication tool improved the quality of paediatric morning handover and overall efficiency of communication. Identified areas for ongoing improvement include reducing interruptions, ongoing training/education, incorporating a multidisciplinary approach and regular re-auditing.

GP100

TODDLERS, TEENS AND EVERYTHING IN BETWEEN. SHOULD ALL CHILDREN BE ADMITTED TO THE SAME WARD?

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Aims To define the adolescent population admitted to the Paediatric Ward in Sligo University Hospital. To determine the attitude of adolescents and all parents towards room sharing between children of different age groups and to examine the use of recreational facilities on the Paediatric Ward.

Methods A retrospective review of patients admitted to the Paediatric Ward from October 2018 to December 2018 was performed. We defined adolescents as patients ≥ 13 years of age (yoa). Three separate questionnaires were designed for three defined groups (adolescents aged ≥ 13 yoa, parents of adolescents ≥ 13 yoa, parents of children < 13 yoa). Questionnaires were distributed to each of these three groups admitted to the Paediatric Ward.

Results 529 patients were identified. 158, 192 and 179 in October, November and December respectively. In October 27/158 (17%) of admissions were adolescents. In November 36/192 (19%) of admissions were adolescents. In December 16/179 (9%) of admissions were adolescents. During time of questionnaire distribution participants were admitted to single rooms and shared rooms with patient's ages ranging from 4 months to 17 yoa. All those surveyed, including patients > 16 yoa (our normal age cut-off for admission to Paediatric Ward) expected to be admitted to the 'Children's Ward'. Most adolescents and their parents were 'not bothered' by the ages of children sharing the same room as them. Most adolescents and their parents claimed that they would be happy to share a room with older adolescents, i.e. 16 to 17-year olds. However, parents of younger children (< 13 yoa) generally did mind adolescents sharing the same room as their children and would prefer if children within the same age bracket only were sharing the room. No adolescents used the Playroom during their stay. More children