length of hypoglycaemic episodes and shorten treatment duration for babies.

REFERENCE

P09 A SURVEY OF THE NPPG GROUP CONCERNING MEDICATION ADMINISTRATION PROBLEMS AMONG CHILDREN AND YOUNG PEOPLE AGED 0 TO 18 YEARS OLD

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Aim To identify issues encountered by pharmacy healthcare professionals with regards to problems that they have experienced, complaints received, queries and feedback by the patients or parents or caregivers in terms of medication administration for children and young people aged 0 to 18 years old.

Method An online survey using the Online Surveys tool was devised to obtain healthcare professionals’ perspective regarding medication administration problems encountered by parents, caregivers or paediatric patients when administering or taking their medication at home. The survey was sent to the members of the Neonatal and Paediatric Pharmacists Group (NPPG), who represent different geographical areas within the UK and further afield. Informed consent was obtained from participants. This study was reviewed and approved by the Life and Health Sciences Ethics Committee, Aston University.

Results 37 pharmacists and 1 technician completed the survey. The majority of the respondents 23/38 were currently practicing in England, with 6/38 respondents being registered pharmacists outside the UK, 1/38 was practicing in Northern Ireland, 3/38 within Scotland and 4/38 were practicing in Wales. 71.1% of the respondents strongly agreed that parents or caregivers require further training when it comes to medication delivery to their children. In addition, when asked about their concerns regarding prescribed medication to children aged between 0 to 18 years old, respondents expressed a different level of concern regarding each age group. Regarding neonates, the main concern was the suitability of the prescribed formulation and the ability of the parents to accurately measure and administered a low dose volume. In contrast, for children aged between 28 days to 12 years, the common concerns were associated with palatability, which will further reflect upon child compliance and the parent or caregiver’s ability to understand medication instructions and administration. Finally, for older aged children, adherence was a common concern. Furthermore, liquid formulations (suspensions (60.5%), solutions (55.3%) and injections (44.7%)) were predominantly used among children aged 0 to 18 years old within both in and outpatients setting. Overall, the majority of the respondents expressed that counselling time between the patient and pharmacists and the need to provide further training and educational material to parents and young people is an important issue to improve understating in regards medication use.

Conclusion The findings suggest that medication administration problems occur frequently among paediatric patients, and the nature of these problems varies among each age group. Medication training for both parents and young people could be a key factor to help reduce this problem. Future research is needed to investigate and gain insight into personal experiences with medication use and administration from a parent and/or young person’s perspective. This will help to highlight the current problem in the UK and further develop potential interventions to reduce medication administration errors by