it was so great and see if any further learning could be extracted for wider dissemination.

Results The FERF that was used involved a PICC line nurse who was on a bank shift, helping a doctor achieve IV access in a very tricky patient. The AI process allowed further depth to be gained in understanding the impact on staff of being valued for ones skills and being able to teach them to others as well as benefitting the patient. It also led to the idea that a difficult IV access (DIVA) pathway could be incredibly useful to guide staff on where to get help in patients who have challenging IV access. This pathway is now in development.

Conclusion The AI conversation around the FERF led to a much greater depth of understanding of the key positive issues and strengths of the event. Additionally, it provided a suggestion of an improvement pathway that will be developed that could have a positive impact on any child with DIVA. The wider impact of this positive event is far greater than that achieved purely by the FERF alone. Other departments could use this approach in the same way to further investigate FERFs.

G392(P) MANAGEMENT OF ACUTE WHEEZE- WHAT DO PAEDIATRIC TRAINEES DO?

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Aims Current guidelines of acute management of wheeze in children are open to interpretation (Keeley:2018). Individual clinician preference and many 'local guidelines' influence the initial management by the frontline paediatric trainees. We hypothesised that there is greater variation in practice with acute preschool wheeze than the school age children with acute asthma.

Methods Online survey of paediatric trainees in a large Deanary using three clinical scenarios of children of different ages presenting with acute wheeze. Trainees were asked to select the most appropriate management plan of giving inhalers, nebulisers or 'back to back therapy'. Following reassessment trainees were then asked for the next line of treatment

Results 87 responses from ST1-ST8 trainees between March and July 2019. 85% were managing at least one child with wheeze every day. 80% of respondents had a minimum of 3 years of paediatric experience. In a pre-school child with wheeze and saturations of 94%, 78% of trainees gave 10 puffs of salbutamol as initial treatment. 34% would give 2 further bronchodilators 'back to back' after initial improvement.

In both cases of older children with asthma, half of trainees gave a nebuliser an initial therapy despite the oxygen saturations >92% at presentation. 20% of respondents understand the term 'back to back' to mean an interval of between 15 and 30 minutes.

97% of trainees give written wheeze information to families with 87.5% opting for 3 day salbutamol weaning plan at discharge.

Conclusions Contrary to our hypothesis, the survey demonstrates that there is more consistency in the initial management of preschool wheeze compared to older children with asthma. This may reflect the service pressures to decide about admitting or discharging the child rather than an uncertainty about clinical situation.

In older children where clinical assessment is more predictable, surprisingly, half of the trainees administered nebulised bronchodilators despite normal oxygen saturations. Older children may have had inhalers for a period of time (not acknowledged in current BTS guidelines) prompting trainees to take a different approach.

Discharging children with a Salbutamol weaning plan is unique to the UK practice (Levy:2018) which needs to be addressed by prospective studies.

G393(P) MANAGING THE WINTER-PRESSURE REGISTRAR ROTA: OUR EXPERIENCE

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Introduction Our DGH secured funding for a winter-pressure (WP) registrar locum shift to cover CAU for 8-hours overnight from October 2018 to March 2019. Managing the WP-rota was taken up by a paediatric registrar (overseen by a consultant) as a management and leadership QI project. We aimed to evaluate trends in how locum shifts are booked and to see if a mobile messaging application (WhatsApp) administered by a trainee could lead to improved uptake of locum bookings.

Methods

- Utilising our network of current and previous trainees a WhatsApp 'WP group' was created to advertise and book WP-shifts (alongside medical staffing advertising via their e-mailing lists).
- Shifts were also open to level-1 trainees with full MRCPC membership.
- We managed at standardised NHS-P rate.
- There were flexible start times: 10pm, 11pm or midnight.
- The paediatric registrar administrator was the direct clinical contact and liaised with medical staffing to organise bookings.

Results

- 96% (N=174) of WP-shifts were booked.
- 91% (N=160) of WP-shifts were booked via direct communication with the registrar administrator through WhatsApp.
- 9% (N=14) of WP-shifts were booked as a result of medical staffing emailing advertisements alone.
- 57% (N=99) of WP-shifts were booked with more than 4 weeks' notice.
- 19 doctors booked shifts. 100% of doctors booked more than one shift.
- Informal feedback from registrars was collected; both local trainees and locums felt the WP-rota made the department feel safer and had improved staff morale.

Take Home Messages

- Anecdotally locums liked the flexibility and convenience of choosing their start time.
- Good communication with a personal touch is key. Using a mobile chat application is an efficient way to advertise shifts, answer queries and confirm bookings.
- The locums valued the ease of communication with a clinical contact who would liaise and book shifts with medical staffing on their behalf. Locum doctors and local trainees appreciated a clinical person who could relate to them overseeing the WP-rota.

- Co-ordinating the WP-rota takes commitment and personal time for the trainee lead – we suggest allocating 4 hours' admin time each fortnight for this.
- Taking on this role improves a trainee's leadership and management experience.

G394(P) CAMPHOR INGESTION - A RARE CAUSE OF ACUTE SEIZURE ATTACK

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Introduction Camphor is a toxic compound which is available freely over-the-counter (OTC) with potential to cause fatal seizures in paediatric age group when ingested. The lethal dose of camphor is 30 mg/kg. It is available in many Indian households as it is used for day to day religious rituals. In Indian context, there is limited data with respect to incidence, prevalence of camphor ingestion related seizures and its associated complications.

Case Report A 2 year old male child, second born to third degree consanguineously married couple completely immunized with known speech delay was brought to the emergency department with history of jerky movements of Right Upper Limb and 2 episodes of projectile vomiting four hours preceding arrival. On arrival, his airway was patent and vital signs were stable. His father gave a history of jerky movements of right upper limb while playing after which the child fell backwards followed by a 5 minute loss of consciousness. This was followed by 2 episodes of projectile vomiting non-blood tinged, non-bile stained. Neurological examination was unremarkable. Child was admitted in PICU and started on loading dose phenytoin (20 mg/kg/day) followed by maintenance (5 mg/kg/day). 24 hours post-admission, first fever was recorded and second episode of seizure recurred, noted to be of Generalised tonic clonic type. Tab. Clobazam 5 mg was added prophylactically. Lumbar puncture was done and reports within normal limits. Electroencephalogram showed generalized brain dysfunction with epileptic potentials. MRI Brain was normal. Upon enquiring the history again with the parents, they revealed a history of camphor ingestion (2 tablets -approximately 10 grams) on the day of seizures which they intentionally concealed initially considering it to be irrelevant. The child was discharged on oral maintenance phenytoin and came back for follow-up after a week at which all medications were stopped. At 3rd week follow up, the child is doing well with no seizure activities.

Conclusion Camphor ingestion is a rare, preventable cause of seizures. This case also re-emphasizes upon the importance of clinical history. There is also a need for centralized toxicology database for reporting such cases for benefit to the clinical community.

G395(P) MANAGEMENT OF A CASE OF SEVERE NEONATAL PNEUMONIA BY INDIGENOUS BUBBLE CPAP

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Introduction Continuous Positive Airway Pressure (CPAP) is a commonly employed technique in critical care setups. Indigenously developed low cost CPAP devices are helpful in reducing the need of mechanical ventilation and reduction of mortality while maintaining the standards of care.

Case Report A 26 day male neonate was brought to the outpatient department with complaints of cough and cold since 4 days, history of breathlessness and history of refusal of feeds from 1 day. On examination, respiratory rate was 70/min, oxygen saturation 92% at room air, work of breathing increased with distress and retractions. Baby was admitted under NICU and sepsis investigations done. Baby was started on IV fluids, Inj. Amoxycylav (50 mg/kg/day), Inj Amikacin (150 mg/kg/day) and on 4L O₂ thru nasal prongs. However, oxygen saturation continued to drop to 88%. Baby was started on indigenous bubble Continuous Positive Airway Pressure (CPAP) and feeds given as Expressed Breastmilk thru orogastric tube (10 ml/2 hrs). On Day 3, orogastric tube was removed and supervised EBM paladey feeds given. On Day 4, IV Fluids tapered and stopped while direct breastfeeds initiated under supervision. On Day 5, CPAP removed and kept on O₂ thru nasal prongs at 1/2L O₂. Trial to wean off O₂ attempted on Day 6 but not successful. Repeat X-Ray done and O₂ weaned on Day 7. Baby shifted to ward and kept under observation. Baby was discharged on Day 8 and came for follow up and is doing well.

Conclusion Our case highlights the efficacy of Indigenous bubble CPAP in management of respiratory distress preventing need for mechanical ventilation and the potential for use of this technique on large scale in low-resource setups. However, this can be done after validation by studies on large scale.

G396(P) A QUANTITATIVE AND QUALITATIVE ASSESSMENT OF SLEEP IN CHILDREN AGED 3-15 YEARS: A PILOT STUDY

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Introduction Sleep plays a vital role in good health, growth and well-being. Sleep disorders manifest with disturbance in quantity and quality. Previous studies have shown that sleep disorders are increasing in pediatric age group, which is attributed to increased usage of smartphones and also associated with lifestyle changes.

Aim To assess quality and quantity of sleep in children aged 3-15 years.

Methodology Institutional Ethics Committee approval was obtained. 52 children were recruited for the study from Meenakshi Medical College Hospital, Kanchipuram, India. After obtaining consent, Pediatric Sleep Questionnaire (PSQ) was administered after collecting clinical history. History of duration of smartphone usage, TV Screen time, history of hospitalizations, time spent outdoors was also collected. Anthropometry and clinical examination was done. Data was tabulated and analysed using SPSS V17.0.

Results 4 out of 52 children (7.69%) in the study had poor quality sleep (PSQ Score $\geq$ 5). 24 out of 52 children (46.1%) had deficient quantity of sleep as per WHO recommendations. Children born with low birth weight had comparatively poorer quality of sleep ($r=0.331$ $p=0.015$).