of meningitis is rarely considered or treated. The use of anti-viral agents in meningitis have been shown to reduce morbidity and mortality from viral meningitis. Antiviral agents should therefore be considered in the management of meningitis in this setting in order to improve outcomes of patients and promote judicious use of antibiotics. Further research to describe the viral aetiology of meningitis in this setting is required.

Quality improvement and patient safety

Plenary

P03

THE KIDZMED PROJECT: TEACHING CHILDREN TO SWALLOW TABLET MEDICATION

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Aim Tablets are safer, more convenient and cheaper than liquid medications. Children and young people (CYP) often remain on liquids due to habit, reluctance to change or staff and parents' lack of knowledge about switching to tablets. We describe a quality improvement project to train staff and embed a system of converting eligible children to tablet medication.

Method Working with families and teams, we created an interactive training package with training video and comic poster. We ran interactive hour-long training sessions for staff. Using positive reinforcement and play, the trainer sat facing the learner with sweets or dummy capsules filled with sweets of increasing sizes.

Starting with one small team over 12 weeks we embedded a process for children ≥ 5 years attending complex renal clinics to be converted from liquid to tablet medication unless contraindicated (e.g. swallowing or cognitive impairment). We overcame practical barriers by placing easily accessible 'switching kits' in clinic filled with the necessary dummy pills, awards and certificates as well as standardising clinic processes.

Results In the initial test of change in one team, over three months, 90 CYP were seen in 13 multi-disciplinary renal clinics, 25 were suitable for conversion to tablet medication. 21 CYP (median age 8.4 years range 5.1 to 15.5) were successfully converted (only one patient required two sessions). 36 medicines were switched, generating £46 588 per year recurrent savings.

Feedback was good. Staff liked the opportunity for positive interaction with children and families appreciated the ease of obtaining tablet medications versus liquids.

Conclusion In a short timeframe it is possible to embed a system to convert children to tablet medication, improve the families' experience of obtaining medication and realise considerable cost savings. It requires staff training and cultural change. Pill swallowing is an easy skill to teach and learn and we encourage all paediatric departments and clinics to set up tablet schools. Since then our project has spread within our hospital via nurses and play specialists, regionally and beyond to larger audiences.

G80

USING QUALITY IMPROVEMENT TO IMPROVE IDENTIFICATION AND SUPPORT OF FAMILIES LIVING IN POVERTY IN PAEDIATRIC PRACTICE

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Aims Poverty is the most important determinant of child health in the UK associated with adverse health, developmental, educational and long-term social outcomes. Despite growing levels of child poverty, paediatricians feel powerless when faced with it. Training gaps and underdeveloped pathways lead to missed opportunities to help impoverished families.

Our aim was for >80% of doctors in the paediatric assessment unit to ask about child poverty as part of their routine clinical assessments and to signpost families to local resources where appropriate.

Methods Measures:

- Percentage of doctors who asked about child poverty for the last patient clerked.
- Percentage of nurses and doctors aware of local resources for families living in poverty.
- Resources given and family feedback.

This project was piloted in an area with 21% child poverty but is expanding to areas with greater deprivation. Stakeholder focus groups co-designed screening questions for (a) nurses: 'how did you get to hospital/how will you get home?' and for (b) doctors: 'have you been on holiday in the last year?' These questions were used in addition to identifying poverty risk factors from the family and social history, which included: single parents, unemployment, >3 young children, chronic health conditions and social worker involvement. When appropriate, the bespoke child poverty leaflet was discussed with parents offering local resources to help increase income, provide essentials and increase participation.

Results At baseline, no doctors screened for child poverty or advised on local resources. Plan-do-study-act cycles were conducted to test screening questions, increase colleagues' buy-in and resource leaflet prescribing. The percentage screening for child poverty increased from 0% in March 2019 to an average of 84% in July-August 2019. The resource awareness percentage increased from 0% to 100%. Patient feedback was extremely positive: 'thank you for being so thoughtful, you really helped me.'

Conclusion Paediatricians can play a significant role in helping families living in poverty. This quality improvement project demonstrates one approach to asking about child poverty in routine clinical assessments and for offering local resources to help empower families. Further PDSA cycles are recommended to promote sustainability and advocate multidisciplinary progress of social paediatrics across children's services in the UK.

G81

POSTNATAL MANAGEMENT OF HYPOGLYCAEMIA – KEEPING MOTHERS AND BABIES TOGETHER

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