The principles of minimising harm, and ensuring distributive justice for children should be applied. Most children will recover from COVID-19, but their future will be affected by the socio-economic consequences of the pandemic. Their right to an open future, necessarily entails that their future interests are fully considered.

REFERENCE

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MY OPERATION – A TRIP TO THE THEATRE

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10.1136/archdischild-2020-gosh.60

Over 800,000 children under the age of 17 will undergo surgery each year and this number is rising by 11% each year according to the RCOS, up to 80% (Kain) of these children will experience anxiety on hospitalisation, 12% or 95,322 will still be experiencing the negative effects of procedural anxiety one year later, enough to fill the Emirates football stadium.

Subject matter experts from Great Ormond Street Hospital in collaboration with Professor Jake Abrahams and Georgina Potier of Kingston University have designed a series of books intended to mitigate procedural and hospital anxiety, optimise the patient experience and disseminate knowledge and understanding of the complex steps involved in the journey to theatre. We hope all will agree that My Operation, the latest addition to the series is also great fun.

My Operation tells the story of a journey to the operating Theatre. The book has been crafted in such a way as to make it easy to read while also seeking to deconstruct fear and anxiety.

The book can be read alone or the reading can be shared with a care giver or friend. My Operation, takes the reader on a journey from beginning to end, admission to discharge.

A Narrative supported by illustrations and activities, distract, engage and inform the reader. The book uses animal characters to deliver important and relevant messages about the patient journey in an accessible way and catalogues steps of the journey in sequence, which may be particular value to children on the Autistic spectrum.

My Operation is crafted using 'friendly animals' in such a way as to make it free from gender, culture, race and ability, making accessible to the widest range of children.

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A QUALITY IMPROVEMENT MODEL FOR REDUCING PRESCRIPTION ERROR AT A CHILDREN'S CRITICAL CARE RETRIEVAL SERVICE

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10.1136/archdischild-2020-gosh.61

Objectives We undertook a review of prescribing practice at CATS in order to identify interventions that could be implemented with the aim of reducing the frequency medication prescribing error. The design of the project will allow further assessment of the impact of these interventions through its Plan-Do-Study-Act approach. It will

therefore provide a structure for ensuring a focus on quality during the implementation of future changes, such as moving to e-prescribing.

Introduction The diverse operational environments CATS operate in create unique prescribing and medication-administration challenges. A prescribing accuracy audit is in place but the locally defined target of an error rate of <5% remains elusive. Although the majority of these are low harm their presence acts as a signal that circumstances exist where more serious incidents could take place.

Method We undertook quantitative review of the audit data and used thematic categorization to identify areas of prescribing that are frequently a source of error. Using a validated tool, we stratified the level of exposure to harm these pose to our patients.

An electronic survey of medical and nursing practitioners in the Service was a qualitative exercise to understand the prescribing challenges they face. To explore the perceptions practitioners have of the causation of their own errors we reviewed responses to emails sent to inform them when one is identified.

Results We identified three interventions that will be implemented, and their performance assessed through the methods above. These are an educational initiative, a drug chart adaptation and an administrative process change

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'BUT I'M JUST A CHILDREN'S NURSE...' REFLECTIONS ON REDEPLOYMENT DURING THE COVID 19 PANDEMIC

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10.1136/archdischild-2020-gosh.62

It is well known that children are less likely to be severely affected by Covid 19 than the adult population, and therefore the pandemic earlier this year placed greater demand on adult services. However, the paediatric workforce contributed in a wide variety of ways during the pandemic, including many Children's Nurses at GOSH who volunteered for redeployment into challenging and unfamiliar environments.

This presentation will draw on the reflections of just two of these Children's Nurses, who were redeployed to services and roles that were very different to their normal working environments. The first of these was with the Pandemic Multi-agency Response Team (PMART), attending sudden, unexpected Covid related adult deaths outside of a hospital setting. Working with the London Fire Brigade and the Metropolitan Police, the nurse's role included verifying the death, preparing the body, and supporting bereaved relatives. The second nurse transferred her paediatric intensive care skills to an adult intensive care unit in London.

A post seen on a Covid 19 staff support group on Social Media recently started with 'I'm only a Children's Nurse...' and the author went onto apologise for their need to seek emotional support following their experiences of redeployment to an adult intensive care unit, implying that they had less to offer, or less right to access support because of their qualification. This desperately sad post highlighted the importance of sharing lessons learned during the first wave, especially in the face of currently rising cases.

Using examples from clinical practice within both these areas, this presentation will describe both the challenges and rewards of redeployment as a Children's Nurse into adult