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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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

services, demonstrating that fundamental nursing skills such as compassion, communication, flexibility and kindness are transferable, and the contributions of Children's Nurses in these and other fields were important and valued by others.

63 DOCUMENTATION OF CO-MORBIDITIES IN PATIENTS HAVING A SURGICAL PROCEDURE

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Children with multiple comorbidities are typically referred to GOSH as GOSH is a tertiary centre for management of children with complex medical and surgical conditions.

Often these children require multiple admissions. This requires several patient encounters, which raises opportunity for missing important clinical information. The team re-audited how well, patient co-morbidities were documented on EPIC (electronic patient record). This is not only useful for the clinical team for accuracy of information but also has financial implications for the hospital.

A total of 71 children underwent a general surgical procedure over a 4-week period. Their inpatient notes were analysed, specifically Pre-op clerking (Admission note), Operation note & Discharge summary. Of these, only 16 patients did not have any associated comorbidity. The findings show 92.9% (Pre-op clerking), 35.2% (Op-note) & 57.7% (Discharge Summary) had accurate documentation of comorbidities. Only 1.8% of patients had missed comorbidities post EPIC compared to 29% pre-EPIC. This echoes that EPIC has made it effortless for coding team to record clinical information accurately & has important financial implications for the trust.

64 WALKER WARBURG SYNDROME (WWS) WITH ISPD GENETIC MUTATION- A CASE REPORT

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Background Walker Warburg dystroglycanopathy is the most severe subtype of congenital muscular dystrophies. It is characterised by four consistent features -cobble stone lissencephaly, cerebellar malformation, retinal abnormalities and muscular dystrophy. The incidence is estimated at 1.2 per 100,000 live births and the life-span in these children is around 3 years. There are more than fifteen causative genes and transmission is autosomal recessive.

Case We describe a boy, born in Kuwait to parents of a consanguineous marriage, premature at 34 weeks gestation with hypotonia, antenatal hydrocephalus and severe eye abnormalities. An MRI brain done at the referring hospital showed cobblestone lissencephaly and severe ventricular dilatation. He was transferred to our centre at corrected age 38 weeks for neurosurgical and medical management. Clinical examination showed central hypotonia with a lack of purposeful movements, macrocephaly from hydrocephalus, left eye buphthalmos and congenital glaucoma, a blind

microphthalmic right eye, hearing impairment and bilateral medullary nephrocalcinosis. The creatinine kinase was elevated at 3996U/l. A genetic panel for muscular dystrophy done here detected a homozygous ISPD c.1186G>T p. (Gly396Ter) pathogenic sequence variant, confirming ISPD-related congenital muscular dystrophy. Complications included cerebrospinal fluid leak post ventriculoperitoneal (VP) shunt insertion, recurrent aspiration pneumonia and urinary tract infections. Of note, he developed hypothermia as a side effect from Timolol eye drops as part of his treatment for glaucoma. He underwent a fundoplication gastrostomy; slowly tolerating feeds with anti-reflux medications, breathing comfortably in air and cooing in response to parents' handling. Within a comprehensive multidisciplinary team effort, lung protective strategies, regular occupational and physiotherapy, he made a good recovery. He was successfully repatriated home with good parental care at corrected age 7 months.

Conclusion Prognosis may be poor in WWS, however it is most ethical to provide holistic care, optimise the quality of life and direct genetic counselling.

65 MANAGEMENT OF EARLY-ONSET SCOLIOSIS IN PATIENTS WITH PRADER WILLI SYNDROME WITH MAGNETIC GROWTH RODS – A CASE SERIES REVIEW

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Background Prader Willi syndrome (PWS) is a rare genetic disorder characterised by developmental delay and hyperphagia. It is strongly associated with scoliosis, largely attributed to hypotonia and ligamentous laxity. Management of scoliosis in these patients can be challenging due to early onset of disease, higher BMI, poor bone quality and poor brace compliance. Skin picking behaviours may also have a significant impact on poor healing. Magnetic Expansion Control growing rods (MAGEC) have become the surgical management of choice in some patients with progressive early-onset scoliosis, however there have been no published reports on their use in the PWS population. Here we report our experience of treating children with PWS with MAGEC rods.

Methods A retrospective review of children with PWS who underwent MAGEC rod insertion between March 2010 to March 2020 at a quaternary paediatric hospital. Spinal column distraction was measured between the proximal and distal vertebrae in which fixations were inserted.

Results 4 patients with PWS had MAGEC rod inserted during the study period. All had undergone MRI imaging prior to surgery. Median age at primary operation was 5.5 years. All patients were overweight at time of primary operation (median BMI 94.5th centile).

A total of 11 MAGEC rods were used of which 5 had reported instrumentation failures (45%). These included 2 pin fractures and 3 proximal construct pull-outs. 2 of the patients developed post-operative infection requiring surgical intervention with 1 undergoing removal of metalwork.

Overall a median of 4.3 mm (IQR=1.1–25.3) of spinal distraction was achieved either prior to definitive spinal fusion or at last follow-up with median distraction per year of MAGEC of 1.1 mm (IQR=0.5–5.1).