vitamin K and PIVKAI levels if they consumed a minimum of 200 mls prescribed sip feed or 400–800 mls gastrostomy feed daily.

16/16 (100%) patients took a multivitamin/mineral supplement; none contained vitamin K.

Summary The prevalence of vitamin K deficiency is 37.5% in this cohort. Patients whom were not consuming gastrostomy/sip feeds of at least 200 mls daily were at greatest risk of vitamin K deficiency. Patients on a micronutrient supplement remain at risk of vitamin K deficiency, as most contain no vitamin K. Prescribing a vitamin/mineral supplement that contains vitamin K is prudent.

12-week supplementation of oral vitamin K (5 mg/day for 1–10 years and 10 mg/day for 12–17 years) adequately improved stores.

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'THE IMPORTANCE OF PEER-SUPPORT FOR CLINICAL ACADEMICS AT GREAT ORMOND STREET CHILDREN'S HOSPITAL'

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10.1136/archdischild-2020-gosh.69

Over the last four years, ORCHID (the Centre for Outcomes and Experience Research in Children's Health, Illness and Disability) at GOSH has had great success in supporting nurses, allied health professionals (AHPs) and a junior doctor to apply for clinical academic funding from a range of highly competitive schemes, including the National Institute of Health Research (NIHR). This support has included the running of an internship programme funded by the GOSH NIHR BRC, regular teaching, and knowledgeable and supportive academic supervisors. This has enabled each clinician to lead on research and make valuable contributions to patient care in their specialist fields.

The process for individuals undertaking a PhD can be a challenging, and often lonely experience. The transition from expert clinician to novice researcher can be a shock. An important way to alleviate some of these challenges is to surround oneself with people who are enabling and supportive.

Peer-support has proved to be an invaluable source of support for this growing group of multi-disciplinary researchers. This diverse group, made up of a dietician, family therapist, junior doctor, nurses, physiotherapists, radiographer, speech and language specialist, occupational therapist and an orthoptist, has created a WhatsApp group, held virtual and in-person, social evenings and discussion forums to allow the sharing of positive and negative experiences, dissemination of practical tips and provision of moral support. The group has created a non-threatening, respectful, safe environment and welcomes all clinical academics embarking on a PhD.

This network of engaged, expert and motivated professionals is key to delivering world-leading patient outcomes and developing the GOSH research leaders of the future. Ensuring

their success, using the peer support described, will help support the Trust's aim of establishing a formal clinical academic career pathway for nurses and AHPs, as part of it becoming a research hospital.

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ANAESTHETIC MANAGEMENT OF PATIENTS UNDERGOING AORTOPEXY: A 4 YEAR REVIEW

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10.1136/archdischild-2020-gosh.70

Objectives Aortopexies are part of GOSH's specialist tracheal services offered to children with severe tracheobronchomalacia, with an average of 10 cases performed per year. We wanted to identify safe and effective aspects of the anaesthetic care within this complex group of patients undergoing the procedure.

Methods We looked at patient characteristics and anaesthetic management of 26 aortopexies over 4 years with a view to creating some guidance for future practice.

Findings 26 patients (weight range 2.6 – 40 kg, from corrected gestational age of 38 weeks to 15 years of age) underwent aortopexies via the median sternotomy (n=15), thoracotomy (n=2) and thoracoscopic (n=9) approaches. These patients had complex medical backgrounds, including vascular compression of the trachea and trachea-oesophageal fistulae. The anaesthetic approach was tailored to the surgical approach, with median sternotomy (MS) and thoracotomies (To) requiring more analgesia, blood transfusions, invasive monitoring and use of longer-acting muscle relaxants to facilitate safe transfer to Intensive Care (ICU), compared to the thoracoscopic (Tc) approaches. All but one of the patients required postoperative ICU care. The median time to extubation was 2 days and the median stay in ICU was 5 days. The intraoperative course seemed safe overall with no documented intraoperative cardiac arrests and/or deaths. The MS and To cases were carried out in cardiothoracic theatres whereas the Tc cases were performed in general theatres. All the patients were fully paralysed and intubated for the procedure, with no noted trend of difficult intubations. 3 cases required blood transfusions of 10–20 ml/kg and no further blood component.

Conclusions We have been able to highlight areas contributing to safe care of this heterogeneous group of patients, including availability of ICU beds and appropriate location of surgery. Doing a prospective study in future will address some of the limitations of comparing these groups retrospectively.

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IT'S LIKE THE FUTURE! ART IN THE ZAYED CENTRE FOR RESEARCH

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10.1136/archdischild-2020-gosh.71

The award-winning art strategy for the Zayed Centre for Research into Rare Disease in Children has delivered a programme of art commissions that create an inspiring, playful and welcoming environment for patients, their families, staff and other visitors. The art programme responds to the design of the building and integrated art installations aim to support