16 FEEDING PRACTICES IN PAEDIATRIC BURKITT'S NON-HODGKIN'S LYMPHOMA WITH MUCOSITIS: A RETROSPECTIVE CHART REVIEW

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Background Mucositis is a severe side effect of chemotherapy and can increase the risk of malnutrition in childhood cancer. There are no evidence-based guidelines for the optimal nutritional management for children who develop mucositis. The aim of this study was to determine and compare any associations between days on naso-gastric (NG) tube feeding, days on parenteral nutrition (PN) and weight z-scores in children who experienced mucositis.

Method Retrospective data was collected from medical records at Great Ormond Street Hospital (GOSH). Children <16 years of age who received two cycles of Cyclophosphamide, Vincristine, Prednisone, Doxorubicin and Methotrexate (COPADM) chemotherapy for Burkitt's Non-Hodgkin's Lymphoma (BNHL) between May 2015 and August 2019 were included.

Results Participants included 18 males and 4 females (average age of 6 years). During COPADM1, 90% developed mucositis (n20) and 100% during COPADM2 (n22). Including both COPADM cycles, 20% (n9) received only NG feeds, 29% (n13) received only PN, 29% (n13) received a combination of NG feeds and PN and 20% (n9) had oral intake and oral nutrition support. The average weight loss from admission to discharge was 1.67 kg. Weight loss appeared to be less in patients who received NG feeds in combination with PN (-0.38 kg) compared to those receiving NG (-1.93 kg) or PN (-0.98 kg) separately. No significant correlation was found between days spent on NG feeds and days on PN during COPADM 1 ($r = 0.63$; $p = >0.05$) or COPADM 2 ($r = 0.86$; $p = >0.05$).

Conclusion NG feeding appears not to influence days on PN in this patient group. However, where PN use is necessary, using complementary NG feeding may reduce weight loss in BNHL paediatric patients. A well-planned, intervention study is needed comparing NG and PN use in children being treated with mucositis-inducing chemotherapy, and the impact feeding methods may have on patient outcomes.

17 GOSH GO! A SERVICE EVALUATION INVESTIGATING EARLY REHABILITATION ON CARDIAC INTENSIVE CARE (CICU)

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Background Immobility in intensive care units (ICU) increases the rate of muscle weakness, delirium and skin breakdown. Early rehabilitation (ER) has been shown to be safe and feasible within adult ICU, whilst improving physical and psychological wellbeing. ER is less common across paediatric ICU. The aim of this service evaluation was to describe ER practices on CICU and benchmark against international standards.

Method A retrospective case-note review captured ER practices from April - September 2018. Primary outcomes were the type and frequency of ER implemented. Inclusion criteria included new patients intubated and ventilated >72 hours.

Results Data were collected for 69 children (54% female). Ages ranged from one day to 14 years 8 months; mean age 11 months. 84% were surgical admissions and 64% of the cohort remained ventilated for >5 days. ER commenced on day one for 100% of patients (position changes). By day six, 39% of infants were out for cuddles and 2% sat on the edge of the bed. Of all the recorded ER episodes, 95% were completed by nurses. PICU Up! was the international benchmark, a direct comparison was made on day three of admission. Position changes were received by 100% of our cohort, compared to 47% in PICU Up!. On day three 46% of the PICU Up! cohort completed transfers and 27% ambulation, compared to our 0%.

Conclusions This service evaluation highlights that ER is being implemented from day one on CICU and incorporates a multidisciplinary approach. However implementation of higher level ER is delayed. Benchmarking demonstrated a disparity between the types of ER completed. Direct comparison is difficult due to variations in demographics; our cohort was younger, ventilated for longer and predominantly surgical. Future plans include formalising ER to safely implement across GOSH ICU and once established to re-audit practice.

18 THROAT PACKS IN PAEDIATRIC MAXILLO-FACIAL SURGERY: A PROSPECTIVE PILOT STUDY

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Introduction Throat packs are used to prevent post-operative nausea and vomiting (PONV) and respiratory complications from the ingestion/aspiration of blood during airway surgery.

A systematic review found no evidence of benefits from the use of throat packs in adults, but many reports of complications. Routine insertion of throat packs by anaesthetists is not recommended.¹

Unrecognised throat pack retention can cause airway obstruction resulting in serious harm and death. This constitutes a 'Never Event' as defined by NHS England. Twenty six throat pack retention never events have been reported since 2015.²

A retrospective study comparing children having cleft palate surgery with and without a throat pack found no difference in early post-operative complications.³

Method A prospective study comparing the incidence of PONV and respiratory complications in children undergoing maxillo-facial surgery with and without a throat pack.

Data was collected prospectively from May 2019 using the electronic patient record system (EPIC).

Results Total of 50 cases. Median age was 10 years and 33 (66%) were male. Throat packs were used in 29 (58%) cases. No patient had a history of PONV and all received dual anti-emetic prophylaxis.

No respiratory complications occurred in any patient. There was no difference in the occurrence of PONV between the two groups; 7 (24%) children in the throat pack group versus 6 (28%) children without a throat pack, $p=0.75$.

Discussion This study showed no increase in the incidence of PONV or respiratory complications in children having maxillo-facial surgery without a throat pack.

This could be due to the low incidence of the outcomes measured. However we advocate that due to the lack of