- Only 53% of the babies had feeding commenced within one hour after birth
- 50% of the babies did not receive 200mg/kg of 40% Dextrose gel
- 25% of the babies in blood glucose 1–1.9 mmol/L group and 50% in severe hypoglycaemia group (blood glucose <1 mmol/L) were not screened for hypoglycaemia
- Sepsis was not considered in 37% of the cases
- Documentation (feeding regime, indication for blood glucose monitoring) needs improvement
- Hyperinsulinism was considered in 100% of the cases
- 100% of the severe hypoglycaemia group had blood glucose checked within 30min

Conclusions Overall there was good adherence to the guideline

Areas of improvement were identified in particular relating to starting feeds within an hour after birth for high risk cases and the use of 40% dextrose gel. These issues are dealt in the postnatal ward. So, we presented the data to the Maternity governance team for the education of midwives.

Hypoglycaemia screening and sepsis was not considered in few cases so we have put the guideline as the lesson of the week with reminders at the safety huddle. We are planning to re-audit in 6–12 months

British Association of Perinatal Medicine and Neonatal Society

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INVASIVE FUNGAL INFECTION AMONG OUTBORN BABIES ADMITTED TO A TERTIARY CARE NEONATAL UNIT IN KOLKATA – A CASE SERIES

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Background Invasive fungal infections are a major cause of morbidity & mortality in neonatal intensive care units. Invasive fungal infection can have catastrophic consequences especially in the premature and extremely low birth weight babies. *Candida* species are mostly incriminated and some times difficult to treat with conventional antifungals even in presence of in-vitro sensitivity. Candidemia carries a mortality rate exceeding 25% in most of the studies.

Objectives To describe a series of invasive fungal sepsis, we encountered at our NICU in June 2019 and their epidemiology, clinical pattern, management difficulties, short term complications and outcome.

Methods Type of study: Retrospective hospital based case series.

Period of study: One month (June 2019)

Total no of cases: 6

Results

Clinical & laboratory features:

Out of 40 cases of neonatal admission, invasive fungal infection were present in 6 (15%), all caused by *Candida tropicalis*. Most of the babies had late onset sepsis except one who had early onset fungal sepsis. Among them preterm were 4 (66.7%), Low birth weight were 4 (66.7%) and 4 (66.7%) were male.

Mode of delivery – normal delivery in 4 (66.7%) & LSCS in 2 (33.3%)

3 babies were born vaginally following premature rupture of membrane & history of birth asphyxia were present in 2 babies

Clinical features documented were abdominal distension-4 (66.7%), sclerema -2 (33.3%) bilious vomiting -4 (66.7%), hepatosplenomegaly-2 (33.3%), shock - 3 (33.3%), gastro intestinal bleeding -2 (33.3%), hematuria -1 (16.7%), meningitis -1 (16.7%) and neonatal jaundice in all the cases.

Laboratory features showed sepsis screen with blood culture positivity, conjugated hyperbilirubinemia and thrombocytopenia in all cases. Hyperglycemia in 4 (66.7%) and recurrent hypoglycaemia in 1 (16.7%). Urine showed budding yeast in 2 (33.3%) and ultrasound confirmed renal involvement in 1 (16.7%).

Treatment & outcome:

All the babies received supportive treatment. All except 2 received broad spectrum antibiotics for more than 7 days. We have treated 4 babies successfully with liposomal amphotericin B. Antifungals were given for 3 weeks. Most of them except one received blood product transfusion.

One baby developed drug induced hepatitis which resolved spontaneously after withdrawal of the drug and some developed mild fall in hemoglobin, none had derangement of kidney function.

In our study, 2 babies died [mortality rate- 33%] within 48 hours of NICU admission despite our best effort and they had received Fluconazole empirically. Their blood culture later grew *Candida tropicalis* sensitive to both Fluconazole and Amphotericin B.

Conclusions Babies with fungal sepsis are difficult to manage. Treatment is mostly delayed as the definite diagnosis is most often difficult to establish and the drug is very toxic precluding its empirical use. We present six cases which highlight our own observation in clinical practice including four babies who were treated successfully with liposomal amphotericin B. Invasive candidiasis can be detrimental in neonates. Clinical suspicion, early diagnosis and prompt and complete treatment is the key to success.

Paediatric Educators' Special Interest Group

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PAEDIATRIC TRAINEES' TRAINING EXPERIENCES DURING THE COVID-19 PANDEMIC: A NATIONAL SURVEY

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Background There is a paucity of published data exploring the opinions of UK paediatric trainees as to the impact of COVID-19 on their training and education.

Objectives This study aims to explore paediatric trainees' education and training experiences during this period.

Methods An online survey open to all UK paediatric trainees between May and August 2020 captured quantitative data alongside qualitative data by critical incident technique open questioning. Positive and negative training experiences related to

COVID-19 were thematically analysed by dual coding utilising grounded theory.

Results 365 UK trainees responded with equal distribution across deaneries and training grades.

Although the majority of trainees remained in their specialties, there was significant disruption to training events, teaching and learning opportunities. Changes to work pattern were common (87%), including rota amendments (57%), redeployment within paediatrics (18%) or adult services (4%), or requirement to shield (6%). Trainees reported cancelled teaching events (88%) or examination(s) (25%), with the greatest impact to simulation and deanery-based teaching (75% less). Only 82% of trainees anticipated completion of ARCP requirements.

Despite this, for many, novel opportunities presented themselves that may not have otherwise been accessible. 68% reported new opportunities for learning. 93% of respondents attended virtual teaching, commonly in-house (67%), predominantly initiated by middle-grades (67%) or consultants (68%). 71% participated in e-learning. Trainees reported increased opportunities for reflection (28%) and leadership and management (23%). No significant differences were seen between the ST1-3 and ST4+ groups ($p > 0.05$). A breadth of trainee-identified web-based paediatric training resources were also highlighted.

Four **positive** impact themes were identified: Changed Practice, New Skills, Extra Time and Teamworking. Furthermore, four **negative** impact themes were delineated: Training, Clinical Exposure, Safety and Wellbeing.

Conclusions This national survey captured candid paediatric trainee perspectives independent of regulatory bodies such as the GMC/RCPCH. As the COVID-19 pandemic persists, these trainee experiences inform educators to adopt helpful training practices from other regions, including sharing of virtual learning regionally and acting-up opportunities. Positive themes enable wider dissemination of good training practice, for example the sharing of virtual learning regionally, integrating trainees into virtual consultations and remote working, acting-up opportunities and developing leadership and management skills. Negative themes highlight previously under-recognised areas of concern with important potential for further governance and research. Examples include enhancing patient safety through tackling reported trainee fatigue, or combating the reported reduced clinical experience consequent to redeployment or shielding, or instituting protected supporting professional activity time.

Quality Improvement and Patient Safety

777 PARENTAL CONCERN WITHIN PEWS: AUDITING AND EXPLORING CURRENT PRACTICE

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Background In 2005 21.5% of NHS hospitals caring for children used Paediatric Early Warning Systems (PEWS) rising to 85% in 2013 and 100% in 2018. However, there is great variation with 47 different parameters used across the country.

There has been a national drive led by the NHS England and NHS Improvement, the Royal College of Paediatrics and Child Health and the Royal College of Nursing to develop a national standardized tool.

One parameter that is not ubiquitously used is parental concern. National PEWS surveys showed in 2013 only one trust used parental concern, by 2018 this had risen to 50% of trusts. This reflects increasing evidence that parental insight is an important factor in the recognition of serious illness. However, where parental concern is incorporated, it is generally a binary 'yes/no' question with little scope for further exploration of what parents are really concerned about.

This quality improvement project set out to audit our use of parental concern parameter 2015–2020, and explore staff and parents' views. We believe this could help facilitate improved recording and response as well as greater involvement of parents in escalating clinical concern to improve patient safety.

Objectives To audit and explore staff and parent views of the parental concern component of the Newcastle PEWS for inpatient paediatric patients at the Great North Children's Hospital (GNCH).

Methods Initially we audited our use of the parental concern parameter from 2015–2020. This is part of our longitudinal PEWS audit and monitoring survey. In the Newcastle PEWS parents are asked 'Have you noticed anything that is different that worries you about your child?' and can answer yes or no.

The second part of this project involved creating a questionnaire for both nurses and parents to gather views on the use and effectiveness of the current parental concern parameter.

Results Parental concern was recorded in 52% of patients when introduced in 2015. This rose to a peak of 87% compliance in 2017. On review of 2020 PEWS core observations, all but one parameter achieved above 90% compliance which was parental concern (79%).

In qualitative feedback parents reported positively 'All staff ask me and my child if we have any questions and if we are OK every time they enter the room.' Staff felt there were limitations to the parental concern parameter, 'Some parents don't mention concerns to nursing staff when asked but then tell a different story on ward rounds' and 'Some parents get very anxious about things that may not be related to PEWS or physical condition.'

Conclusions It has been highlighted in serious incidents and in recent literature that parents are often able to pinpoint deterioration in their children before healthcare staff. There is considerable scope to improve use of the parental concern, both in compliance and in the way we ask the question, allowing for a more nuanced query, reply and response. With the imminent development of a national tool it is vital to further develop and assess the impact of an improved parental concern parameter.

British Paediatric Neurology Association

778 IMPROVING THE PAEDIATRIC EPILEPSY PATHWAY

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