Conclusions Our study demonstrates a high admission rate of term and near term infants, above the national ATAIN programme recommendation of <6% in this population. Our average separation days are above the NNAP unit comparison data of 2.9 for term and 5.8 for near term infants as published in the 2020 report. Our conclusions are to adopt the standards for transitional care as published in the BAPM 2017 framework and revise our guideline to manage infants at high risk of hypoglycaemia by introducing a new network guideline based on BAPM 2017 recommended thresholds for intervention. Our unit should subscribe to the ATAIN programme with a multidisciplinary weekly review of term and near term admissions. We calculate that 78 (36%) of our cohort could have avoided admission with these systems in place.

British Society of Paediatric Endocrinology and Diabetes

Clinical impact of the 2020 BSPED Interim guideline on the management of diabetic ketoacidosis: A snapshot of data from two London centres

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Background There is little consensus on optimal fluid replacement in DKA; and the 2020 British Society for Paediatric Endocrinology and Diabetes (BSPED) interim guideline on the management of children <18 years with diabetic ketoacidosis (DKA) represents a significant shift away from the more restrictive approach to fluid replacement advocated in the 2015 guideline.

BSPED 2020 guideline recommends that all patients should receive an initial 10 mL/kg bolus and those in shock receive a 20 mL/kg bolus. Furthermore, the maintenance fluid requirement was liberalised to use the Holliday-Segar formula and given in the first 24 hours of admission, instead of the previously slower infusion rates over a 48 hour period.

Objectives This survey aimed to report any change in clinical outcomes with the switch to using the 2020 BSPED interim DKA guideline compared to the previous BSPED/NICE 2015 guideline.

Methods We collected data from all paediatric patients who presented with DKA to Croydon University Hospital and St George’s Hospital, London. Data was collected from admissions during the 6 months pre and post-implemention in the respective trusts of the 2020 guideline (Sept 2019–Sept 2020). Patients were identified from local paediatric diabetes team databases and data was retrospectively extracted from electronic patient records.

Results A total of 30 patients were studied. 3 patient sub-cohorts were identified according to which guidelines were followed:

1. 2015 guideline (n=13)
2. 2020 guideline (n=13)
3. 2020 guideline on initial admission but subsequent change to the South Thames Retrieval Service (STRS) guideline (n=4)

All cohorts had similar demographics. Mean admission pH for each cohort was 7.17 (range 6.8–7.3) in the 2015 group;