an educational video in September 2020 highlighting the above mentioned JRCALC guideline changes and shared it on the Oxfordshire paramedics teaching website. We then conducted a repeat audit for November and December 2020.

Results In November 2019, 53 infants were brought in by ambulance to our ED fitting the inclusion criteria, of which 9 (17%) had been given nebulised salbutamol by the paramedics. In November and December 2020, 19 infants met inclusion criteria, of which 2 (15%) received salbutamol from the paramedics. The two patients who received salbutamol were less than 6 months old and were not diagnosed with viral induced wheeze or anaphylaxis.

Conclusions The JRCALC guidelines for salbutamol were adhered to in 83–85% of the pre-hospital cases that were audited. The change in salbutamol practice between audit cycles was small, however analysis is limited by the low number of patients. Unfortunately, only 4 paramedics watched our video; this may have been related to the pressures of the COVID-19 pandemic that were experienced during this time. We therefore need to assess the best way to disseminate guideline changes to our teams. There was a significant decline (75%) in the number of children brought into our hospital by ambulance with respiratory problems from 2019 to 2020, requiring us to expand data collection to two months, likely to be due to a reduction in circulating respiratory viruses due to the social response to the COVID-19 pandemic. The two infants who received salbutamol did not have a clinical indication for their use in this age group (i.e. anaphylaxis). We need to improve dissemination of guidelines pertaining to management of respiratory problems in infants to pre-hospital care providers by repeating the training when the pandemic is over.

British Association for Community Child Health

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EVALUATION OF CLINICIAN AND PARENT/CARER VIEWS OF REMOTE AUTISM ASSESSMENTS DURING COVID-19 PANDEMIC IN A LONDON AUTISM ASSESSMENT SERVICE

Nicole Horwitz. *Whittington Health NHS Trust*

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Background Remote autism assessment has been shown to be valid and have a high level of parental satisfaction (Juarez et al., 2018).

Social distancing required during the Covid-19 pandemic meant that in order to continue providing a diagnostic autism service with minimal impact on waiting times, a redesign of our assessment pathway with some remote elements was required.

Objectives This study aimed to evaluate clinician and parent/carer views of remote autism assessments in order to inform design of our autism assessment pathway for future pandemic waves and beyond.

Methods An online survey about clinicians' experience of remote autism assessments was created with a separate online survey for parent/carers (including additional questions for a child or young person [CYP], if able to participate) about

their views. Some questions required a scaled response (for example, a five point scale ranging from 'very dissatisfied' to 'very satisfied'); other questions required a free-text response.

The online link to both surveys was sent by email to all clinicians in the assessment team. Clinicians were asked to complete a survey for every child for whom they were case coordinator, for any autism assessment started between 1.4.20 to 30.9.20. The clinician was asked to email the parent/carer survey online link to the parents/carers of each child.

Responses of both clinician and parent/carer surveys were analysed.

Results There were 37 clinician responses, ten parent/carer responses and two CYP responses.

The ethnic spread of parents/carers matched that of the local population. 76% of parents/carers had English as their first language.

Three out of 37 parents/carers (8%) did not agree to having a remote assessment. The part of the assessment most often carried out remotely was the parent interview (30 out of 37 cases) followed by the assessment feedback (28 out of 37 cases).

A diagnostic conclusion was reached in 94% assessments. There were technological issues in 16% assessments.

90% parents/carers were 'very satisfied' with assessment process. 90–100% parents/carers were comfortable with video technology and said it was easy to carry out assessments tasks remotely.

Parents/carers described being pleased that their child's assessment could proceed without delay due to social distancing. Parents/carers and CYP respondents described being more relaxed in their own home while being assessed. Others described avoiding the inconvenience of travelling to the clinic.

However, when asked, 'If you could choose again, would you choose remote or face-to-face?', families were split 50/50.

Conclusions This study provides evidence that remote autism assessments had a high level of diagnostic conclusiveness with little technological difficulty. There was a high level of parental satisfaction. However, parents are split as to whether they would choose remote assessments over face-to-face if given the choice again.

In future, parents/carers may be offered a choice over some remote aspects of autism assessments. Financial and time implications of remote autism assessments require further evaluation.

International Child Health Group

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RISK FACTORS FOR SHORT-TERM SIDE EFFECTS OF PHOTOTHERAPY IN NEONATAL JAUNDICE

Abdelrahman Shawky Ahmed Hussein Refaee. *Egypt ministry of health and population*

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Background One of the most frequent conditions facing the neonatologists daily is the neonatal jaundice. About 60% of term and 80% of preterm infants develop jaundice early in the first seven days of their lives. Phototherapy is considered one of the cornerstones of the of hyperbilirubinemia management. It represents a significant role in the prevention and treatment of hyperbilirubinemia; however, it is not a harmless

intervention. Side effects of neonatal phototherapy are not serious and seems to be well controlled. The short-term side effects of phototherapy may include imbalance of thermal environment and water loss, electrolyte disturbance, bronze baby syndrome and circadian rhythm disorder and others.

Objectives

1. To determine the risk factors of phototherapy induced short term side effects among icteric full term and preterm neonates.
2. To study frequency of phototherapy induced short term side effects in neonates with jaundice after 48 hours of continuous, double surface phototherapy or at the end of phototherapy, in case duration of phototherapy is less than 48 hours.

Methods This study was hospital based prospective study and was conducted on 115 babies in their first week of life admitted to Neonatal Intensive Care Unit at governmental hospital (Om-Elmasreen general hospital in Giza governorate) with the diagnosis of unconjugated hyperbilirubinemia to receive phototherapy for 48 hours at least, in eight months period.

All children were subjected to History taking for the mother and fetus, Clinical examination, CBC differential leucocytic count, Reticulocyte count, at initiation and after 48 hours of phototherapy, CRP, Plasma bilirubin level, at initiation and after 48 hours of phototherapy, Serum calcium level, at initiation and after 48 hours of phototherapy.

Statistical analysis were done using SPSS version 21, using mostly Chi-square test and t-test.

Results Forty-nine babies were found to have clinically detected phototherapy induced short-term side effects such as dehydration, diarrhea, hyperthermia, skin rash, abdominal distention, disturbance of the circadian rhythm. Laboratory changes were found such as hypocalcaemia, rising in Retics Rising in Platelet count rising in TLC. Many risk factors found to be significantly related to phototherapy induced short-term side effects; prematurity, mother illness in general during pregnancy, mother history of anemia, mother history of oligohydraminous, taking dexamethasone, delivery by caesarian section, physiologic skin desquamation. There is a significant difference in the occurrence of overall clinically observed side effect between full term and preterm babies. Side effects occurred in (72.0%) of preterm babies in comparison to (34.4%) of full-term babies with p-value 0.001 ($p < 0.05$).

There is a significant difference in between babies with hypocalcemia and babies without as regard gestational age, body weight on admission, body weight after phototherapy, head circumference, abdominal circumference on admission, abdominal circumference after phototherapy, heart rate after phototherapy. The lesser the gestational age, body weight on admission, head circumference, abdominal circumference on admission, abdominal circumference after phototherapy, the more the liability of occurrence of hypocalcemia.

Conclusions

- From this study, it could be concluded that phototherapy seems to have a clinically detected short-term side effect like dehydration, diarrhea, hyperthermia, skin rash, abdominal distention, disturbance of the circadian rhythm with jitteriness and laboratory detected short-term side effect like decline in serum calcium level, rising in Retics Count, rising in Platelet count, rising in TLC. However, it does not seem to have a deleterious effect on the babies and mostly these side effects disappear soon after stoppage of phototherapy.

- Many risk factors may be related to overall occurrence of these side effects such as baby immaturity, Mother illness in general, during pregnancy, history of anemia during pregnancy, mother history of oligohydramnios and delivery by caesarian section.

Paediatric Educators' Special Interest Group

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PHARMACY KIDS – PHARMACY STUDENTS' KNOWLEDGE IDENTIFYING AND MANAGING MINOR AILMENTS IN CHILDREN

Niamh M Brogan, Alice P McCloskey. *Liverpool John Moores University*

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Background Minor ailments are self-limiting conditions typically managed without medical intervention. Children are particularly susceptible due to their reduced immunity. Community pharmacists are highly accessible healthcare professionals thus often the first contact for advice/management. Pharmacy students must therefore be adequately prepared to identify and manage minor ailments. Use of health literacy supports- tools that aid communication of health advice to patients/carers can assist with this. Low health literacy may result in inappropriate management of conditions/choice of healthcare services. Exposure to health literacy supports and managing patients of all ages at undergraduate level facilitates training of competent future healthcare professionals.

Objectives

1. Design and pilot a questionnaire capturing the views of undergraduate pharmacy students at Liverpool John Moores University (LJMU) on managing minor ailments in children.
2. Determine pharmacy students' knowledge on best management of common childhood minor ailments.
3. Identify pharmacy students' understanding of the use, and most appropriate, health literacy supports to aid communication with those of low health literacy.
4. Explore pharmacy students' opinions on the importance of learning about paediatric patients at undergraduate level and their confidence in dealing with minor ailments.
5. Collate suggestions regarding improvement of paediatric education for undergraduate pharmacy students.

Methods Ethical approval was obtained from LJMU Research Ethics Committee (PBS/2020–21/05). A questionnaire from a previous study in our team was adapted and prepared for online distribution using Microsoft Forms. The questionnaire captured: demographics, knowledge of common childhood conditions (colic, common cold, constipation, croup, fever, nappy rash and teething), health literacy supports, and undergraduate paediatric education. Final year LJMU pharmacy students (N=96) were recruited via email. Open and closed questions were used, including a 5 point Likert scale. Free text responses were also collected. Descriptive statistics using Microsoft excel determined quantitative conclusions e.g. frequencies and percentages, and qualitative responses explored via thematic analysis.

Results The response rate was 25% (N=24). Students ranked treatment options on a 5-point Likert scale (strongly agree-strongly disagree). Overall they demonstrated reasonable