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 Retic count, 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 oligohydramnios, 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 Retic 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

823

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

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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

knowledge with some cases providing a stronger management consensus than others, neutral responses were considered as potential areas where further education is required. A range of appropriate management options were selected including: non-pharmacological and pharmacological interventions and referral for worsening conditions. Health literacy supports were considered as useful communication tools (83%), with digital supports preferred. All acknowledged the importance of paediatric minor ailment teaching and there was a desire for increased child-health education at undergraduate level to ensure preparedness for practice.

Conclusions The study provides insight into pharmacy students' views of paediatric minor ailment management and undergraduate teaching. Participants demonstrated reasonable knowledge of minor ailments in children. The ability to recognise professional limitations and refer worsening conditions is promising. Community pharmacists in particular must determine symptom severity and signpost to further health services where necessary. Confident and competent consulting is a necessary skill for providing effective healthcare. Future studies will include questionnaire distribution to other Schools of Pharmacy thus further informing pharmacy student educators of areas for improvement, and development of an in-house paediatric training pack as requested by participants, to improve paediatric pharmacy education at LJMU.

British Association of Perinatal Medicine and Neonatal Society

824

AUDIT OF FOLLOW UP AND EVALUATION OF OUTCOMES FOR PRETERM INFANTS BORN UNDER 30 +0/40 WEEKS GESTATION

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Background Although survival and short term outcomes in extreme preterm neonates have improved with time, long term neurodevelopmental outcomes and robust follow up remains a challenge.

Objectives To evaluate follow up and outcomes of babies <30⁺⁰ weeks' gestation as recommended by National Institute of Clinical Excellence (NICE). All neonates <30⁺⁰ should have a neurodevelopmental assessment at 2 years with additional assessment for all neonates < 28⁺⁰ at 4 years.

Methods All neonates born at Russells Hall Hospital under 30⁺⁰ weeks gestation between January 2015 and December 2016 were included. Outpatient letters and badger documentation were reviewed.

Results There were a total of 94 neonates.

Baseline characteristics and short term outcomes are shown in table 1. 12 neonates sadly died and 8 were followed elsewhere due to location. 74 babies were followed up by RHH.

Follow up is summarised in table 2. At 2 years, 62% of neonates were followed up in clinic and 72% neonates received standardised assessment by physiotherapist. At 4 years 30% were followed up in clinic of which half were seen in specified neurodevelopmental clinic.

Abstract 824 Table 1

		<28 (%)	<30 (%)
Gender	Total	41	94
	RIP	8 (20)	12 (13)
	Male	22 (54)	53 (56)
	Female	19 (46)	41 (44)
Birthweight	500–750g	16 (39)	23 (24)
	751–1000g	15 (37)	25 (27)
	1001–1500g	10 (24)	44 (47)
	1501–2500g	0 (0)	2 (4)
TPN		35 (85)	73 (78)
NEC		8 (20)	14 (15)
IVH	Grade 1–2	15 (37)	24 (26)
	Grade 3–4	2 (5)	4 (4)
ROP		12 (29)	18 (19)

Abstract 824 Table 2

	Total	Seen (%)	Discharged (%)	Was not brought/lost to follow up (%)	No information (%)
2 year clinic follow up	74	46 (62)	8 (11)	8 (11)	12 (16)
2 year Bailey III	74	53 (72)	-	11 (15)	10 (14)
4 year clinic follow up	28	8 (30)	11 (39)	5 (18)	4 (13)

Abstract 824 Table 3

	<28 (%)	<30 (%)
-		
Gross motor delay	6 (15)	9 (10)
Fine motor delay	3 (7)	6 (6)
Speech and language delay	5 (12)	11 (12)
Behavioural issues	6 (15)	8 (9)
visual impairment	3 (7)	7 (7)
Hearing impairment	4 (10)	7 (7)
Cerebral palsy	3 (7)	6 (6)
Global developmental delay	1 (2)	2 (2)

Development is reported at last contact and is shown in table 3. 7 (7%) children subsequently required special school.

Conclusions Follow up at 2 years was done significantly more consistently than at 4 years; however these were not done to published standards. This may be due gaps in knowledge of guidelines or rationale in importance. Structure of developmental follow up showed wide heterogeneity depending on the named physician. Standardised 2 year exit assessment was done exclusively by the neonatal physiotherapist. This audit highlighted a need for a specific multidisciplinary neurodevelopmental clinic encompassing both the neonatal and community teams. Early involvement and intervention could ensure the child is appropriately supported before school years in