that critically unwell children were more effectively managed within their facilities after the course. Ownership of the course was handed back to the ZPA and Ministry of Health at the end of the pilot. Unfortunately, the COVID-19 pandemic prevented any further impact analysis, and any further PAS courses were put on hold.

Conclusions At a time where national resources are limited to fund internationally recognised paediatric courses (e.g. ETAT), it is hoped that the structured approach learned on the PAS course can benefit front line paediatric care in Zambia at present, and become an effective ‘stepping-stone’ to these courses.

British Paediatric Allergy Immunity and Infection Group

**843** CLINICO-ETIOLOGICAL PROFILE OF CHILDREN WITH PLEURAL EFFUSION IN A DEVELOPING COUNTRY: AN OBSERVATIONAL STUDY FROM A TERTIARY CARE CENTRE IN NORTH INDIA

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**Background** Pleural effusion is the pathological accumulation of fluid in the pleural space. Pediatric pleural effusion usually present with a dynamic profile over time both in terms of its etiology and the causative organisms. This study aimed to provide a description of the clinic-etiological profile of these patients with an emphasis to identify the bacteriological spectrum of the pleural fluid in developing countries for an appropriate, and timely management of these children.

**Objectives** To study the clinical profile of hospitalised children 0–19 years with pleural effusion in a tertiary care centre.

**Methods** A prospective hospital based observational study was conducted on 133 children diagnosed with pleural effusion to study its etiology and clinic-bacteriological profile in a tertiary care hospital in north India.

**Results** The most common etiology of pleural effusion observed in the study was tuberculosis (21.1%) followed by empyema (20.3%). Maximum patients were in the age group of 6-12 years (36.8%) with males (54.1%) being affected more frequently affected. Exudative effusion was more common than transudative effusion. Fever and cough were the most common symptoms. Right sided effusion was more common (49.6%). Parenchymal disease was associated in 22.6% of the exudative effusion. The most common organism isolated was Staphylococcus aureus followed by Streptococcus pneumoniae. Significant association was seen between age and the etiology of pleural effusion.

**Conclusions** Pleural effusion in children can have varied etiologies and proper clinical history, examination and evaluation of the characteristics of pleural fluid can help in identifying the etiology of pleural effusion and selecting the best treatment approach for a favourable outcome.

**Quality Improvement and Patient Safety**

**846** ‘CLINICAL PEARS’ A SMALL STEP TOWARDS LEARNING IN THE PANDEMIC

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**Background** In these unprecedented times, delivery of teaching has had many challenges. Here, we present our learning initiative which is made accessible to the entire team on a weekly basis. It encompasses sharing of snippets of clinical information, on a digital platform. The pandemic has changed the whole world and we’re recognising its indirect effects on training and education. Although a minor hit, it still has a significant impact on learning. We realised that teaching or learning was becoming passive. This paved way to the idea of a trainee led learning and we named it ‘Clinical Pearls’.

At work, each day brings us new challenges and each individual’s clinical experience is variable. We are all aware however systemic a person is, no one can amass all the knowledge or look at all resources especially in the field of medicine. Hence Clinical Pearls was created to share knowledge and resources that people have collated.

**Objectives** To improve learning by sharing knowledge and experiences among the multidisciplinary team in the COVID pandemic.

**Methods**
- As soon as the idea was developed, it was introduced to the team and a survey was conducted.
- The survey identified the unmet learning needs in the pandemic.
- We started to collate slides on google drive to include problem based learning, interesting journal articles and sign posting to useful resources following a receptive response.
- The nursing team came forth with learning points from their Quality improvement projects and recent clinical incidents.
- These learning sheets were circulated on an electronic platform every week amongst the entire team.
- After a trial period of 8 weeks, a survey was conducted, to gather valuable feedback on Clinical Pearls.

**Results** Clinical Pearls has been very well received by the team. We were given appreciation in the recent Local Clinical Governance and Quality improvement meetings. This learning venture has been commented as, good innovative practice and shared with Patient safety & Quality board.

The response from the feedback survey, after a trial period of 8 weeks, are as follows:

- All the participants unanimously supported and were satisfied with the quality and usefulness of the slides.
- 100% of the respondents, recommended it to be the part of ongoing departmental educational learning activity.
- 95% of the responses highlighted that Clinical Pearls encouraged more reflective practice.
- We have also developed a certificate of appreciation to value individual contributions to Clinical Pearls.
Conclusions We are proud to say that, Clinical Pearls has been widely accepted by the team and department. This team initiative has become an integral part of departmental educational activity, to improve patient care, safety and promote reflective practice.

‘Most people seem to want tremendous improvement, instantly. But you’ll probably find it’s the little things you do that eventually add up to big results.’ - Joel Weldon

We are hoping to continue Clinical Pearls beyond the pandemic and promote it across the region to take this initiative forward.

British Association of General Paediatrics

AUDIT ON DOCTORS’ DOCUMENTATION OF OVERWEIGHT AND OBESITY IN CHILDREN ATTENDING GENERAL CHILDREN’S OUTPATIENT CLINICS IN MALTA

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Background Childhood obesity is a global epidemic and Malta is no exception. Despite local awareness, not all children seen at the general hospital’s children’s outpatients (COP) have their height and weight measured. In the latest Health Behavior in School Children (HBSC) report, Malta has the highest percentage of overweight and obese children in 11, 13 and 15-year-old youths. Consequently, these children are likely to progress into overweight and obese adults, with an increased risk of developing non-communicable diseases such as hypertension, diabetes and other complications at a younger age.

Objectives The aim of clinicians is to manage children holistically and, therefore, this should include appropriate weight assessment and management. This study was designed to gauge the prevalence of doctors’ documentation of overweight and obesity with or without appropriate advice and referral, in children attending general Children’s Outpatients. The NICE guideline on Obesity: identification, assessment and management (CG189), was used as the criterion to which we compare our local practice.

Methods The NICE guideline on obesity was used to define overweight and obesity and WHO Growth Standards for 0–5 years and the 2007 WHO child growth reference charts for 5–19 years were used. A cross-sectional study was conducted over 10 weeks between January and March 2020. Data on age, gender, weight, height, percentiles/BMI, doctor grade, presenting complaint, appointment frequency and previous anthropometric documentation were collected from clinical notes. All children attending general COP, between 2–15 years of age and free from chronic medical illnesses affecting BMI were included.

Results In 418 patients, weight and height were documented in 64.8% and 58.1% respectively, while percentiles were documented in 17.0%. Furthermore, BMI was documented in just 64.8% and 58.1% respectively, while percentiles were documented in 17.0%. BMI was documented in just 64.8% and 58.1% respectively, while percentiles were documented in 17.0%. Moreover, 29.7% of children who were previously flagged up as obese/overweight were not followed-up, and only 12% who were documented as obese, were investigated, albeit incompletely. Only 7% of known overweight children had dietary advice documented in their notes.

Conclusions COP’s services are not attaining the standard as per current guidelines, which suggest that all children should be screened for obesity opportunistically. We recommend the distribution of a dietary guidelines leaflet to parents, with additional advice on 60 minutes of daily moderate-to-vigorous physical activity (MVPA), limiting screen time to less than one hour a day, adequate sleep and healthy nutrition and beverage choice. Furthermore, continuous medical education for doctors will help when giving sustainable advice during follow ups. This audit stresses the urgent need of a child obesity clinic in Malta. Within a child obesity clinic, professional help may be provided with multi-disciplinary input, for effective management programmes of childhood obesity, including the use of FDA-approved pharmacotherapy and bariatric surgery. Only this will help prevent children with obesity to grow into obese adults with all the social, physical, mental and economic implications associated with it.

Young People’s Health Special Interest Group

EQUIPPING THE TEAM TO MEET THE NEEDS OF YOUNG PEOPLE IN THE PAEDIATRIC EMERGENCY DEPARTMENT: HEEADSSS AND BEYOND

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Background Even before the coronavirus pandemic young people were increasingly attending Paediatric Emergency Departments (PED). A spectrum exists regarding the pandemic’s impact on adolescents. All have experienced disruption to education, some additional worries or concerns for family or friends and others have attended PED with new and/or worsening mental health difficulties.

Objectives In response to the increasing numbers and needs of adolescent patients attending PED we created a program to upskill the PED team to help them provide the best care for this patient group. To identify which young people required additional support and/or signposting to resources we aimed to undertake a HEEADSSS (Home, Education, Eating, Activities, Drugs, Sex, Suicide, Safety) screening assessment on all 12–15 years old attending PED.

Methods An online questionnaire generated baseline data around staff confidence using HEEADSSS and managing...