British Association of Child and Adolescent Public Health

855 WHAT ARE HEALTHCARE PROFESSIONALS' AND PARENTS/CARERS' ATTITUDES TOWARDS ADDRESSING CHILDHOOD OBESITY WITHIN THE PRIMARY CARE SETTING IN THE UK?

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Background Currently in the UK a third of children leave primary school overweight or obese. Extensive research connects obesity to an array of debilitating comorbidities and with a growing evidence base for effective, early interventions it is now important to understand the attitudes surrounding this issue.

Objectives To explore healthcare professionals' (HCP) and parents/carers' attitudes towards addressing childhood obesity (CO) within the primary care setting in the UK.

Methods Three electronic databases were searched, followed by a cross-reference scan to identify ten qualitative and two quantitative papers that fitted with the inclusion/exclusion criteria outlined. Through the processes of Thematic Analysis and critical appraisal, four key themes emerged from the data: parent/carer and HCPs' perceptions and views on causes of CO; barriers and facilitators to both seeking and providing advice about CO; experiences of consultations between child, parent and, HCP; and finally where, how, and by whom should future CO management be carried out?

Results HCP barriers to providing advice included: limited time, the sensitive nature of the topic, lack of confidence in treatment interventions, and a view that their role is to treat the medical effects. Parental barriers to seeking advice were: lack of identification, fear of HCP response, mistrust in HCPs ability to treat, and concern that highlighting the obesity to the child may induce an eating disorder. Overall experiences of consultations about CO were negative.

Conclusions Allowing parents and HCPs to understanding the others' views on CO could improve primary care consultations. Future research should aim to identify which specific interventions are most effective, to allow for evidence-based treatment of CO.

RCPCH Trainees Committee

857 CLINICAL PROFILE OF PRESENTATION OF PEDIATRIC SCRUB TYPHUS IN POST-LOCKDOWN ERA IN TAMIL NADU, INDIA

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Background Scrub typhus is an important differential diagnosis of acute febrile illness in rural portions of south India. It is caused by *Orientia tsutsugamoshii* and spreads thru mites. Prior studies have documented various its prevalence between 19–32% in Tamil Nadu, India with a wide spectrum of clinical manifestation. Due to COVID restrictions and lockdowns,

there has been a reduced emphasis and under-diagnosis of non-coronavirus illnesses across the world.

Objectives This study aims to study the clinical profile of Presentation of Scrub Typhus in pediatric population at a tertiary care hospital in Tamil Nadu, India

Methods The study was conducted as a prospective, observational hospital based study at a tertiary care hospital in Tamil Nadu, India. As an institutional protocol, Scrub Typhus IgM ELISA is done for all cases with a history of fever more than 5 days in addition to cases with a strong clinical suspicion due to presence of eschar. Since the COVID-19 pandemic, RT-PCR has been done for all cases of Acute febrile illness. The study included 134 cases that were Scrub IgM positive among children aged 2–12 years between October-December 2020. 4 children who were both Scrub Typhus IgM positive and COVID RT-PCR positive were excluded from the study. The children were treated as per the IAP Consensus statement guidelines on Scrub Typhus with first line therapy by Doxycycline and second line therapy of Azithromycin in addition to symptomatic management. Demographic details, symptoms, course in hospital and outcome were tabulated.

Results 132 children presented with fever, 56 with headache, 44 with myalgia, 67 with complaints of cough, 48 had rash. 80 children had a typical eschar out of which 44 were on limbs, 20 were over trunk, 6 over scrotum, 5 behind ear and 5 near perineum. 127 children responded to Doxycycline within 48 hours, 3 children responded to doxycycline within 72 hours and 4 cases responded to combination therapy of Doxycycline and Azithromycin.

Conclusions Scrub typhus remains an important disease in children with variable presentations even in post-coronavirus lockdown era. There is a need to focus on these illnesses as the world is recovering from the pandemic.

859 TACKLING REST FACILITIES AT A BUSY TERTIARY PAEDIATRIC HOSPITAL

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Background The well-being of trainees has become a high priority for Trusts, colleges and the wider NHS. Low morale, demanding rotas and inadequate staffing are some of the issues that contribute to burnout of doctors in training. Now more than ever given the current pandemic, the working environment needs to be supportive and ensure the well being of our workforce is sustained.

The NHS '8 High Impact actions to improve the working environment for Junior Doctors' sets out key areas that need to be addressed by all Trusts, with action 2 ensuring rest breaks are promoted and encouraged.

A survey to West Midlands trainees between December 2018 and March 2019 highlighted that many trusts in our region had inadequate or no rest facilities available for staff working overnight. Sleep deprivation leads to increased clinical errors whereas as rest breaks help to improve decision making and provide safer care to patients.

Objectives Our aim was to tackle the lack the rest facilities within our Trust for our trainees working overnight at a busy tertiary hospital in the centre of Birmingham.

Methods We created a working group with the postgraduate clinical tutor, the postgraduate team and doctors interested in supporting the well being of trainees to brainstorm ideas on location and necessary provisions.

An appropriate space that was easily accessible and centrally located was high on our priority list. Our central education centre contains many rooms which remained unused overnight which provided an ideal space to create our 'snooze' rooms.

We used funding from our postgraduate budget to purchase essential items to create rest rooms that promoted rest and relaxation

Results We have created 2 identical 'snooze' rooms for our trainees working the hospital at night rota. Each room contains a single sofa which can be pulled out to a single bed and easily wipeable to comply with infection control standards. Linen is provided and replaced by our domestics team daily. To promote a relaxing and restful atmosphere we included plants, a bedside lamp, lavender essence, hot drink facilities, phone chargers, blackout blinds and 'please do not disturb, doctor resting' door displays.

Our rest rooms have been launched since Wednesday 3rd March 2021, and we will be seeking feedback from the trainees to assess their experience and see if further improvements for their well being can be made.

Conclusions Despite the current COVID 19 pandemic, the well-being of our trainees remains paramount. Although space is limited, we have demonstrated that it is possible to adapt already used spaces to overnight rest facilities, even in a busy tertiary hospital. Using this model, we hope to work with our local Trainee Committee and School Board to develop rest facilities in each of our district general hospitals for our paediatric and neonatal departments.

We also intend to appointment trainee well being representatives without our Trust to work on other well being projects like catering facilities and engagement with managers.

Quality Improvement and Patient Safety

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AN ASSESSMENT OF THE AGREEMENT BETWEEN LABORATORY AND POCT BLOOD GAS ANALYSIS MEASUREMENTS OF HAEMATOLOGICAL INDICES ON THE NICU: A SERVICE EVALUATION

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Background Accurate biochemical monitoring is an essential component of neonatal care and fluid management. Point of care testing (POCT) offers a rapid, low blood volume alternative to laboratory testing, reducing the risk of iatrogenic anaemia in neonates and potentially improving patients' prognoses.

If the blood gas analyser (BGA) can act as a reasonably accurate proxy for laboratory analyses, this will enable more rapid biochemical analyses, accelerating clinical decision making. **Objectives** To assess the agreement of haematological indices (sodium, potassium, chloride, and bilirubin concentrations, and haemoglobin levels) when measured by BGA and laboratory testing.

Methods This service evaluation took place in the neonatal intensive care unit (NICU) at Liverpool Women's Hospital (LWH). The BGA used on the NICU at LWH is the Siemens

Rapidlab 1265 and the Abbott Alinity analysers are used at Alder Hey Children's Hospital Laboratory.

Temporally paired sets of results from POCT blood gas analysis and laboratory testing were identified from the historical NICU Badger database to allow comparison of agreement. The blood gas sample taken within the closest proximity to the biochemistry or haematology sample was used, with samples taken within two hours of each other regarded as adequately paired.

Statistical analyses were undertaken using the SPSS software version 26.0 and within Excel 2010. The data were processed using the method outlined by Bland and Altman, for the calculation of Bland Altman plots where repeated measures have occurred.

Grubb's test for outliers was performed on the data to identify and remove obviously aberrant values.

Results Paired samples for analyses were available from 99 patients over a two-month period. Following the application of Grubb's outlier test and considering the matched pairs for which not all data were available, there were 195 paired samples for sodium analyses, 186 paired samples for potassium, 185 paired samples for chloride, 135 paired samples for bilirubin and 124 paired samples for haemoglobin.

The mean difference for sodium measurements between the laboratory and blood gas measurements was +1.72 mmol/L (95% confidence interval (95%CI) -4.95 mmol/L to 8.40 mmol/L); for potassium measurements +0.29 mmol/L (95%CI -0.88 mmol/L to 1.46 mmol/L); for chloride measurements +1.93mmol/L (95%CI -3.74mmol/L to 7.60 mmol/L) for bilirubin measurements +5.39 µmol/L (95%CI -42.57µmol/L to 31.80 µmol/L) and for haemoglobin measurements -1.89 g/L (95%CI -15.89 g/L to 12.12 g/L).

Conclusions Assessment of some of these measurements (namely bilirubin concentration and haemoglobin levels) by POCT may be acceptable for intermittent monitoring of haematological parameters in neonates, providing that the extremes of the estimated true value (indicated by the range of the 95%CI) would not mandate a different treatment course. The relatively wide 95%CI for some of the electrolyte levels (namely sodium and potassium concentrations), which exceeds the normal range of those values, limits the value of these measurements as independent measures, without laboratory corroboration, although trends may still be inferred. It may be necessary to explain these caveats to clinical staff interpreting the results and provide further education regarding reference ranges.

British Paediatric Allergy Immunity and Infection Group

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PIMS OR NOT? ALTERNATIVE DIAGNOSES IN THE FEBRILE CHILD DURING THE COVID-19 PANDEMIC

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Background The majority of children and young people affected by COVID-19 have remained asymptomatic or suffered mild illnesses. However throughout the pandemic