needing to be transferred to a mental health facility for specialised care.

Methods The acute paediatrics handover list (electronically stored on our Trust database) was searched for any patients fulfilling the criteria of deliberate self-harm – from April 2019 to November 2019. A total of 57 patients met the criteria for inclusion. The electronic patient database was then searched for each patient and the relevant information documented on a Microsoft excel sheet. The data was then analysed to determine the trends and patterns.

Results The most common method of deliberate self-harm was by overdose with paracetamol being the most common drug used. The most common trigger identified was family stressors (26%) followed by self-esteem issues/loneliness and low mood (25%). 39% of patients were assessed by the Emergency Department Psychiatry Team as needing one to one nursing. 88% of patients were discharged to their previous residence and 2% of patients required admission to a mental health facility. The rest were discharged to a place other than their previous residence – for example a relative's home. The patients requiring discharge to a mental health facility had the largest delays from the time point of the decision being made to the actual transfer – up to eleven days.

Conclusions There is a delay in transfer for patients who require admission to a mental health bed– this may have implications for patient care and use of resources.. One to one nursing was required in a high number of cases, although the majority of these had an inpatient stay of one day or less and discharged to the previous residence, – Previous studies have reported school stressors as a main trigger for deliberate self-harm, but our study indicated in this population, family stressors played more of a prominent role. This study can therefore form the basis for comparison of this pre-pandemic data with the patterns seen during and post the COVID – 19 pandemic as there would have been more time spent with family and less in school.

British Paediatric Neurology Association

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SAFETY OF BARBITURATES IN PAEDIATRIC STATUS EPILEPTICUS: A NARRATIVE REVIEW

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Background Status epilepticus (SE) is a life-threatening medical emergency in paediatric patients. Barbiturates such as phenobarbital and thiopental/pentobarbital are used as second- and third-line agents, respectively, in the management of SE after initial treatment with benzodiazepines. Whilst barbiturates are reported to be highly effective in treating SE, there is limited evidence to support their safety.

Objectives To review the evidence relating to the safety of barbiturate use in paediatric SE.

Methods A search of PubMed and Embase databases between January 2015 and January 2021 was performed. All original research papers and meta-analyses discussing the use of barbiturates in paediatric SE and safety-related outcomes were included. Studies conducted in adult populations and those reporting only efficacy outcomes were excluded.

Results Out of 418 studies screened, 18 relevant studies were identified (1 meta-analysis, 3 randomised controlled trials (RCTs), 2 retrospective cohort studies (RCSs), 8 retrospective chart reviews (RCRs), 2 case reports and 2 pre-clinical studies). No studies differentiated between different age groups within paediatric populations. Table 1 summarises the complications associated with barbiturate use in clinical and pre-clinical studies (excluding case reports).

Conclusions Barbiturate use in SE is associated with several respiratory and haemodynamic complications in clinical

Abstract 1014 Table 1 The type of study is in brackets

	Safety outcomes reported for each barbiturate			
	Phenobarbital	Thiopental	Pentobarbital	Barbiturates (undifferentiated)
Hypotension	In 37.5% and 45.2% of patients (2 RCRs)	In 75% of patients (1 RCR)		
Death due to thiopental-induced hypotension (3 RCRs)	In 91% of patients (1 RCS)	In 79% of patients (1 RCR)		
Sepsis	In 100% of patients (1 RCR)	Reported in 1 RCR	In 17% of patients (1 RCR)	
Pulmonary infection	In 38.5% of patients (1 RCR)	Reported in 1 RCR	In 59% of patients (1 RCR)	
Respiratory depression	6% increased risk compared with valproate (1 meta-analysis of 16 RCTs)			
Treatment course	43% reduced risk of admission to the intensive care unit compared with phenytoin treatment (1 RCT)			
Increased safety failures requiring discontinuation of treatment compared with levetiracetam (1 RCT)	Longer mechanical ventilation than in the propofol group (1 RCT)	Longer hospital stays than the benzodiazepine group (1 RCS)	64% of patients developed movement disorders and 55% got hypertension after pentobarbital discontinuation (1 RCS)	
Outcomes at discharge		Reduced return to baseline condition compared to the propofol group (1 RCT)	46–50% of patients had a decline in neurological outcome (2 RCRs)	
Increase in SE-like activity	Reported in 1 pre-clinical study			
Increase in seizure-associated neuronal injury	Reported in 1 pre-clinical study			

studies. All barbiturates are associated with hypotension, sepsis and pulmonary infection. Phenobarbital is also linked with a risk of respiratory depression. Thiopental is associated with reduced return to baseline condition, longer mechanical ventilation and death due to drug-induced hypotension. Pentobarbital is related to longer hospital stays, decline in neurological outcome and complications associated with its discontinuation. Patients treated with barbiturates for SE need counselling of families and close monitoring of these potential complications.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

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'WE ARE ALL IN THIS TOGETHER' – EMBEDDING SUPPORTIVE DEBRIEFS INTO A DISTRICT GENERAL HOSPITAL'S PAEDIATRIC TEACHING PROGRAMME

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Background The COVID-19 pandemic required doctors to quickly adapt to new infection-control policies, rota restructuring and pathway changes. There was uncertainty on how the pandemic would affect paediatrics, as well as anxiety of the personal COVID-19 effects, frustration with media reporting and potential isolation with social-distancing measures.

Our department recognised that both junior and senior doctors needed a platform to come together to address these feelings and reflect on them, ensuring a supportive team at work during this challenging period.

Objectives To implement a supportive debrief session within the paediatric unit's teaching programme to improve team morale and reduce anxiety on the uncertainties of the pandemic.

Methods During the first wave of the pandemic (April 2020-August 2020) we ran a weekly 'debrief hour' scheduled within the departmental teaching programme. Co-led by the college tutor, clinical director and trainee representatives, it was open to paediatric junior doctors and consultants. These sessions were held face-to-face and virtually. During the second wave (October 2020-February 2021) these sessions were held fortnightly and were focused on wellbeing. One week prior to each session questionnaires were completed anonymously by junior doctors to collate issues they wished to reflect on. Post-debrief surveys were completed by participants.

Results We ran a total of 30 sessions. During the first wave 18 junior doctors and 5 consultants on average attended each debrief. Topics of discussion varied from difficult clinical cases and the emotional challenges of the pandemic to learning about individual approaches to mindfulness. Anecdotally junior doctors appreciated this dedicated time to 'offload' in a safe space. It helped forge bonds and personal connections within the team. Overall doctors were grateful their wellbeing was prioritised by these sessions.

We took this initiative forward into the second wave where sessions became fortnightly. Our post-debrief surveys revealed that 96% (N=19) of junior doctors valued this time for team reflection and connection. 92% (N=19) found them useful. 94% (N=19) would like to see these sessions continue after

the pandemic. Feedback included junior doctors 'feeling supported', 'paediatrics being the best team' and 'bonding during a worrying time'. From March 2021 these sessions will be led by the department's clinical psychologist.

Conclusions • We advocate scheduling a supportive debrief session within departmental teaching programmes, especially in times of uncertainty and potential anxiety (such as global pandemics). This encourages team bonding.

• Embedding debrief sessions within the teaching programme sends a clear message to junior doctors that the department prioritises and promotes the wellbeing of doctors, seeing it as an important part of their working lives.

• Supportive debrief sessions allow doctors a safe space to 'offload' with their peers in a reflective, relaxed environment, thus helping create a sense of community at work and improving morale.

• The department will continue to hold scheduled team debriefs, which will carry on after the pandemic. The Trust recognises the importance of championing wellbeing; moving forward time has been allocated for a clinical psychologist to lead these sessions.

• We strongly recommend that budget planning includes provision for trainee wellbeing support services.

Young People's Health Special Interest Group

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VOLUNTEERING FOR WELLBEING: YOUNG PEOPLE'S EXPERIENCES OF VOLUNTEERING IN RESPONSE TO THE COVID-19 PANDEMIC

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Background There has been significant concern about the wellbeing of children and young people during the COVID-19 pandemic, particularly during periods of lockdown and school closures. Social distancing has led to some young people and their families feeling isolated and unable to access appropriate support. The Royal College of Paediatrics and Child Health has highlighted an increase in mental health presentations and disordered eating. Targeting enjoyable and worthwhile interventions which have a positive impact on self-esteem and confidence can improve the resilience of young people.

Objectives Our aim was to listen to the voices of young people about their experiences of volunteering during the COVID-19 pandemic and the impact this has had on their wellbeing so we can shape and influence future opportunities in the youth sector.

Methods We interviewed young people between the ages of 10 and 17 years who have volunteered with St John Ambulance as part of the COVID-19 pandemic response. Opportunities they had participated in included:

- Logistics support, including packing and shipping orders for clinical equipment and stocking ambulances
- Training the emergency response and communication course elements for volunteer vaccinators
- Supporting the public working as a vaccination care volunteer at mass vaccination centres
- Facilitating online engagement opportunities for other youth volunteers