the children had ophthalmological assessment during admission (3 children had already undergone assessment at their referring centre); in 3 cases the children had bilateral retinal haemorrhages.

The review highlighted minimal to no documentation of discussion with carers regarding the potential developmental impact of such injuries both in inpatient notes and discharge summaries. Follow up plans with Neurosurgery/Paediatric teams were variable. All but one patient were followed up long-term by the Brain Injury Specialist Nurse team. No clear pathway for referral for neuropsychological assessment was identified nor communicated to the GP on discharge. Most children had a change in address on discharge; further complicating follow up arrangements with at least one child having multiple missed clinic appointments.

Conclusions Feedback of the above findings to the teams involved in caring for children admitted to our hospital following NAHI has raised awareness and motivation for improvement; The potential sequelae from head injury may not be evident for a number of years after the event therefore good communication of the signs and symptoms is important, particularly for the cohort of children who are placed in care, for whom careful follow up including a neurocognitive assessment is vital but difficult to deliver.

Quality Improvement and Patient Safety

1036

PARENTAL PERCEPTION OF CHILDHOOD VACCINATIONS

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Background In 2019 vaccine hesitancy became a top ten threat to global health. In the North West, the reduced uptake of routine immunisation is seen. The way people think composes the big part of the decision to vaccinate. There is an urge to act upon the problem of not vaccinating, which prompted the commencement of a Quality Improvement project in East Lancashire Hospital trust.

Objectives The project aims and objectives are to explore the parental perceptions of childhood vaccinations using the paper questionnaire and descriptive statistics and to improve parental understanding of vaccines via creation of an information resource.

Methods The anonymous questionnaire was designed to collect the baseline data about parental perceptions of childhood vaccines. The resource containing information about vaccines was then created and sent to the focus group for assessment. The improvement in parental understanding after reading this resource was set to be 10%, which was examined by the means of an online survey.

Results 98% of participant's children are up to date with the immunisation schedule. More than half of parents feel that they are well-informed about vaccines. The most common reason for parents to withhold vaccination is an association of vaccines with potential behaviour and neurological problems of a child. The common misconceptions, including this one, are addressed in the leaflet produced for parental use. The success of the intervention is yet to measure.

Conclusions Generally, parental knowledge about vaccines is sufficient. The lack of information about certain vaccination topics was addressed in the created resource.

British Paediatric Neurology Association

1038

OUTCOME OF CHILDREN BEING REFERRED TO PAEDIATRICS A&E AS PAPILLEDEMA IN A DGH. ARE ALL THESE CASES REFLECTING TRUE RAISED INTRACRANIAL PRESSURE?

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Background Papilledema is defined as swelling of optic disc caused by raised intracranial pressure and can represent a forerunner of life-threatening aetiologies such as intracranial mass lesions or meningitis. Left unchecked it can also lead to loss of peripheral vision.

Objectives We were experiencing increased number of referrals of children with Papilledema from our Ophthalmology department and local optometrists. We aimed to evaluate the true incidence of papilledema, confirmed by Paediatric ophthalmologist. An early and accurate diagnosis of pseudo-papilledema avoids unnecessary anxiety-provoking and resource-demanding investigations.

Methods We conducted a retrospective case notes review of all paediatric patients aged between 0 and 16 years referred as 'papilledema' to our Paediatric A&E from August to December 2020 and collected data on symptoms, outcome of investigations and follow up.

Results During the 4-month period, a total of 16 children were included in the study with 10 girls and 6 boys. Mean age was 9 years, ranging from 4–14 years-old.

15 (93.7%) children were referred by ophthalmology to Paediatrics A&E, out of which, 9 children were themselves referred to ophthalmology from local optometrists and the remaining (6) were identified during routine ophthalmology appointment. One child presented to A&E with headache.

Presenting complaints were asymptomatic (n=8), headache (n=4), blurred vision (n=2) and 2 children with headache and blurred vision. All 16 children had normal neurological examination on presentation to A&E and all had urgent MRI head. 15 MRI scans were normal (2 with the incidental finding of an arachnoid cyst) and 1 child had abnormal findings suggestive of demyelination and is being jointly managed with our regional Paediatric Neurology unit. They have advised for the child to be in the IIH pathway and undergo work-up for demyelinating disorders.

14 children from our cohort (n=16) were seen in Paediatric clinic and 11 were discharged to further care under ophthalmology and 3 are being jointly managed with tertiary hospital. The remaining 2 children from our cohort are awaiting the clinic appointment, however, there had been telephone review.

Until now, only 6 from the 16 children were seen by Paediatric Ophthalmologist. While 3 children were noted to have Grade 1 papilledema and currently under ophthalmology follow-up, remaining 3 children were found to have normal disc and been discharged.

Conclusions The majority of children referred with suspicion of 'papilledema' raised by an optometrist or junior-ophthalmology doctors, do not have significant pathology on review by specialist. Increased referrals for suspicious optic-discs but with normal examination, results in unnecessary imaging and also causes high levels of anxiety for the family. We, therefore like to suggest a pathway where in, there is a joint neurology and paediatric ophthalmologist clinic, where all the child referred as 'papilledema' can be assessed and if confirmed as true papilledema, then we would consider imaging and further tests including LP for CSF opening pressure measurement. Further follow-up will depend on the aetiology of papilledema. A more robust prospective audit will have to be implemented so as to collect more data and evaluate said guideline in the future.

Paediatric Special Interest Group: British Society of Haematology

1039

IMPROVING PAEDIATRIC SICKLE CELL DISEASE PATIENTS' TRANSITION VIA ENHANCED HEALTH LITERACY USING AN ADOLESCENT-GUIDED BESPOKE ANIMATED VIDEO INTERVENTION

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Background Transition from paediatric to adult healthcare in patients with sickle cell disease (SCD) is widely acknowledged as a high-risk period with increased use of emergency services as well as higher morbidity and mortality. Consequently, the COVID-19 pandemic is likely to have confounded transitional processes via the subsequent disruption of healthcare practices which includes redeployment of specialist nurses, reduction in clinics and complicated waiting processes due to social distancing. One influencing factor determining the success of transition is health literacy. This is recognised as the ability of individuals to obtain, process and apply information to promote and maintain good health. Disease specific knowledge is an integral part of health literacy and contributes to empowerment of individuals with regard to their condition. It is particularly pertinent during the COVID-19 era for historically disadvantaged patients with SCD, where heightened anxiety and healthcare disruption can both contribute to diminishing that empowerment.

Objectives This project centred on ameliorating health literacy in 14–15-year-olds with SCD, by improving their knowledge of the aetiology, pathophysiology and complications of their condition along with the transition process, resources and contacts available to them. Congruent to their learning, the patients were also motivated to develop their self-management of SCD.

Methods Utilising an interventional pre- and post-methodology, this convenience sample was surveyed prior to and after watching a researcher-developed, age-appropriate SCD educational video, constructed via web-based animation software. The survey questioned participants to rate their confidence in the knowledge of a variety of SCD and transition-based topics between 1–5 using a Likert scale, where 1 = very confident and 5 = not confident at all. The survey also contained gender specific questions relating to sexual health complications

of SCD, including understanding priapism and dysmenorrhea. Inclusion criteria comprised a participant age of 14–15 and a diagnosis of SCD.

Results Findings from the pre-intervention survey indicated that 47.8% of Likert scale selections were 'very confident' and 'confident' and the post-intervention survey indicated that 84.6% were 'very confident' and 'confident', representing a 36.8% proportional increase in participant confidence of SCD knowledge and transitional competence. Survey findings also yielded a 90% proportional increase of boys and an 80% proportional increase of girls selecting 'very confident' and 'confident' on the respective gender specific questions, between pre- and post-intervention surveys.

Conclusions The correlation between health literacy and prognosis in paediatric populations with long term conditions, most notably SCD, is just beginning to surface. These results are promising indications that the interventional video holds substantial educational value for SCD transitional patients. Further research should include enhancing the video's quality to cater for different adolescent age groups whilst expanding the geographical recruitment and thus, sample size.

The social restrictions of COVID-19 have engendered innovative and adaptive healthcare delivery to patients and this study's educational video contributes to that catalogue of creativity. Like health literacy, the effects of the pandemic on SCD are yet to be fully understood and with optimism, this study will encourage further research in improving SCD transition.

British Association of Perinatal Medicine and Neonatal Society

1040

AUDIT: DOCUMENTATION OF GLUCOSE INFUSION RATE IN HYPERGLYCAEMIC PRETERMS OF BIRTHWEIGHT LESS THAN 1 KG IN A NICU

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Background Hyperglycaemia is common in preterms of less than 1kg due to immature glucose regulation and iatrogenic causes like IV fluids and medications. The treatment of hyperglycaemia includes decreasing the glucose infusion rate(GIR), and failing this, using insulin.

Insulin use requires frequent blood sampling to monitor blood glucose. Studies have highlighted the psychological effects of repeated bloodtaking on premature infants' neurodevelopment. It is imperative to ensure effective treatment of hyperglycaemia early on by reducing the GIR in order to avoid having to start insulin. We audited the insulin prescription charts to check if GIR was documented on first starting insulin between 01/01/2020 and 22/02/21.

Objectives

- To assess the documentation of GIR on starting insulin sliding scales in hyperglycaemic preterms of birthweight less than 1kg.
- To assess how documentation of GIR affects number of times blood is taken.
- To explore ways to improve documentation and thereby help to reduce number of bloods taken