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

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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

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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