SUSTAIN- briefing/debriefing virtually has been embedded within the routine of the working day. However, ongoing PDSA and feedback from the ever changing team updates and changes are occurring

Results We measured qualitative data for 2 months after the introduction of virtual briefing/debriefing. Some examples were 'helps with team morale' and 'worthwhile but would be better if we could do it as a whole team'.

Conclusions The process of virtual briefing/debriefing has been well received by the team with improved situational awareness, learning and education while creating an open space for debrief and reflection. As patient demographics and numbers change, we continue to make adaptations to our process with repeated feedback. Team engagement when implementing change has been key to its success.

British Association of Perinatal Medicine and Neonatal Society

1071 IS LOW PLATELET COUNT AT START OF MEDICAL TREATMENT FOR PATENT DUCTUS ARTERIOSUS (PDA) LIGATION A PREDICTOR OF REQUIREMENT FOR SURGICAL LIGATION?

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10.1136/archdischild-2021-rcpch.375

Background Previous research has suggested that platelet count could be important in patent ductus arteriosus (PDA) presence¹ and possibly closure.²

Objectives To understand the characteristics of patients with a PDA, and identify if platelet count at the start of medical treatment for PDA is a predictor of failure of treatment and need for surgical ligation.

Methods We reviewed all babies from our unit who had medical or surgical treatment for a PDA over a 1-year period (1st April 2019 - 31st March 2020). This was a retrospective review of the BadgerNet database and clinical notes.

Results We identified 26 babies who underwent successful medical treatment, and 6 babies who required a surgical ligation. This analysis excluded a baby with PDA/VSD where data was incomplete. Table 1 shows a comparison of the two groups. Those who had successful medical treatment had greater median gestational age (27 vs 25+4 weeks) and higher birthweight (888grams vs 605grams, $p < 0.05$). More male babies required ligation ($n = 5$, 83% male), but this was not statistically significant. There were no statistical differences in antenatal steroid administration or in timing of first course of medical treatment (median 5 vs 4.5 days respectively). We also reviewed platelet count at the start of first medical treatment. The platelet count was significantly higher in the group who had successful medical treatment compared to those who went on to surgical ligation (median of 235 vs 119, $p < 0.05$).

Conclusions Previous research has found that low platelet count during medical treatment is associated with failed medical treatment.² Our findings differ: Platelet count at the start of treatment was associated with failed medical treatment and requirement for PDA ligation. Other characteristics of babies who required surgery for a PDA were observed. On average they were male, 25+4 weeks gestation at birth and 604 grams

Abstract 1071 Table 1 Comparison of surgical ligation and successful medical treatment

	Surgical	Ligation	Successful Medical Treatment	Statistical	
Variable	Range	Median	Range	Median	Significance
Gestation at birth (Weeks +Days)	23+2 - 27 +6	25+4	23+2 - 30+0	27+0.5	NA
Birthweight (Kg)	0.485–1.053	0.605	0.600–1.462	0.888	** $p=0.009$
	Number	Percentage	Number	Percentage	NA
Gender					
Female	1	16.7	10	38.5	$p=0.424$
Male	5	83.3	16	61.5	NA
Antenatal Steroids					
Complete	6	100	19	73.1	$p=0.322$
Incomplete	0	0	4	15.4	NA
None	0	0	3	11.5	NA
	Range	Median	Range	Median	(Medical Treatment vs Ligation)
Median Age at First Medical Treatment (days)	3–16	4.5	2–21	5	$p=0.386$
Platelet Count at First Medical Treatment ($10^9/L$)	43–277	119	89–536	235	* $p=0.043$

in birthweight. Could we avoid exposing these babies to the risks and delays of medical treatment and do surgery more directly? These data are also useful for counselling parents and managing expectations of clinicians. Further research into this group specifically and may highlight a more tailored medical treatment strategy that might be successful.

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Paediatric Critical Care Society

1073 RARE CASK GENE MUTATION WITH CEREBELLOPONTINE HYPOPLASIA AND TETRALOGY OF FALLOT – END OF LIFE CARE CONSIDERATIONS IN PICU

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10.1136/archdischild-2021-rcpch.376

Background CASK gene mutation is very rare and is associated with microcephaly, cerebellar and pontine hypoplasia (MICPCH).

Objectives It is essential to understand the life-limiting nature of the genetic mutation and the role of End of Life Care considerations, including family support. We would like to describe our experience in providing care for a child with the