SUSTAIN- briefing/debriefing 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

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

**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 (888 grams vs 605 grams, 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. 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 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.

**REFERENCES**


### Paediatric Critical Care Society

**Abstract 1073**

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

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**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