presentation of PIMS-TS is varied and heterogeneous. A strategy of education and continuous updates with case based discussions and literature review was put in place. This was to inform frontline doctors and nurses in the trust and resulted in timely identification, treatment and referral of the children who presented with PIMS-TS. Good clinical examination, following APLS, NICE and RCPCH guidelines and discussion with a tertiary centre frameworks the cornerstones in the management of the children with PIMS-TS in ED.

British Academy of Childhood Disability

EXAMINING THE IMPACT OF VIRTUAL CONSULTATIONS DURING THE COVID PANDEMIC ON CHILDREN WITH CEREBRAL PALSY USING THE CEREBRAL PALSY INTEGRATED PATHWAY (CPIP) DATA

Alison Sansome, Kuldeep Stohr, Amanda Birchall, Rachel Martell, Vivien Wong-Spracklen, Cambridge Community Services NHS Trust; Cambridge University Hospitals NHS Foundation Trust

Methods A retrospective study of 97 patients aged 3–20 years (mean=10.33) registered under our Trust CPIP UK Registry. Paired-sample t-tests or Wilcoxon Signed Rank tests were performed using SPSS Software. Statistical significance was indicated at 0.05.

Results Of the 97 patients, 54 were male. 43 children had hemiplegic cerebral palsy (20 left sided and 23 right sided), 32 were diplegic distribution, and 22 were quadriplegic. The GMFCS score of severity was also recorded: 42 Level I, 25 Level II, 8 Level III, 13 Level IV and 9 Level V. The CPIP database pre- and post-lockdown measurements were compared. A significant difference was found between pre- and post-scores for Knee Popliteal Angle on the Left (t=-2.78, p=0.01). The mean score for 88 children was 36.23 degrees pre and 40.09 post.

Also significantly deteriorated was Ankle Dorsiflexion on the Right, (t=2.79, p=0.01), where 85 children showed a mean dorsiflexion to 9.6 degrees above neutral pre and 6.91 post. Ankle Dorsiflexion on the Left also significantly deteriorated (asymptotic sig=0.01). 88 children had a mean pre-value of 7.95 degrees above neutral and 5.47 post.

Therefore, hamstrings and gastrocnemius muscle groups showed significant deterioration during lockdown.

Of note, 4 children received interventions: 2 had intramuscular Botulinum Toxin injections, 2 had orthopaedic surgery. Children receiving interventions did not deteriorate.

Conclusions The CPIP database is an excellent resource for comparison studies in cerebral palsy. The children who received interventions seemed to be protected from deterioration. This study demonstrates the importance of face-to-face consultations and interventions in preventing deterioration in children with spastic cerebral palsy. Virtual medicine is inadequate for this patient group.

Quality Improvement and Patient Safety

IMPLEMENTATION OF A NEONATAL DAILY REVIEW SHEET ON A POST-NATAL WARD

Rosaline Garr, Richard Scowcroft, Klara Vataha, St Helens and Knowsley Teaching Hospitals NHS Trust (Whiston Hospital)

Background The paediatric team review babies daily on the busy post-natal ward located within the maternity unit. It was noted that there was lack of clarity in the daily documentation regarding neonates. Current documentation was in a folder comprised of multiple documents written on randomly assorted continuation sheets. There is a daily rotation of medical and midwifery staff and not a formal multidisciplinary team ward round which leads to a chaotic environment regarding patient plans and discharges and potentially creates excessive work for senior staff members as plans and follow up plans not clearly documented.

Objectives The objective of this study is to improve continuity of care and communication by implementation of a daily review sheet with aim to make documentation clear and provide guidance for daily review for junior doctors who frequently rotate.

Methods We created a daily review sheet to be used on the post-natal ward for neonates on the medical ward round. We created a pre implementation and post implementation questionnaire to be filled out by members the medical team to compare any subjective improvement the daily review sheet has made. The questionnaire contained 7 questions regarding whether staff thought different aspects of documentation and communication was clear with a suggestions/comments section. A Likert scale with questions ranked from 1 – 5 with 1 equal to agree and 5 equal to disagree, therefore 3 equals neither agree or disagree.

Results 14 members of staff filled in our questionnaire before and 12 after (table 1).
Abstract 1118 Table 1

<table>
<thead>
<tr>
<th>Pre-implementation of review sheet</th>
<th>Post-implementation of review sheet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Value</td>
<td>Median Value</td>
</tr>
<tr>
<td>1. Background and history of a patient is clear when I review notes.</td>
<td>3</td>
</tr>
<tr>
<td>2. There is a room for improvement with daily review sheet.</td>
<td>3</td>
</tr>
<tr>
<td>3. Communication between doctors and midwives is clear in documentation.</td>
<td>3</td>
</tr>
<tr>
<td>4. Patient daily plan is clear from documentation.</td>
<td>3</td>
</tr>
<tr>
<td>5. It is clear from documentation if NIPE was done.</td>
<td>4</td>
</tr>
<tr>
<td>6. Discharge and follow up plan is clearly documented on daily review sheet.</td>
<td>4</td>
</tr>
<tr>
<td>7. It is clear from documentation that patient has antenatal paediatric alert.</td>
<td>4</td>
</tr>
</tbody>
</table>

Conclusions

The overall median value (table 1) for clarity of documentation, discharge and follow up plans, documentation of the newborn infant physical examination (NIPE) and antenatal paediatric alert (which notify antenatal problems) improved from 4 to 1 showing improvement in overall communication and facilitated daily reviews by structuring documentation, this could be further reviewed. There are recent reviews that recommend combined notes for medical and nursing/midwifery staff, so that important information is not lost between teams. A daily review sheet will greatly aid this process.

Young People’s Health Special Interest Group

COVID-19 – ENGAGING YOUNG PEOPLE TO CO-PRODUCE HEALTH INFORMATION

Lindsay Huxter, Angela Thompson, Neil Fletcher, Louise Marshall, Susie Minson. Barts Health NHS Trust

Conclusions

The YES forum recognised that having accessible, relevant and reliable information was key to empowering young adults to protect themselves and their families. We have shown that involving young adult stakeholders in the co-production of information resources is highly successful and achieves widespread engagement.

We will include a copy of the leaflet and plan that the young people will be involved in presenting this work.

British Association of Perinatal Medicine and Neonatal Society

IMPLEMENTATION OF A NEONATAL DAILY REVIEW SHEET ON A POST-NATAL WARD

1Rosaline Gar, 1Richard Scowcroft, 2Klara Vataha. 1St Helens and Knowsley Teaching Hospitals NHS Trust (Whiston Hospital); 2

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