Abstract 1118 Table 1

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

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

1119 COVID-19 – ENGAGING YOUNG PEOPLE TO CO-PRODUCE HEALTH INFORMATION

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Background Early in the COVID-19 pandemic, the Youth Forum (Youth Empowerment Squad – YES) recognised that there was very little information geared specifically towards young people. This being so, the YES members created an age appropriate resource with accurate information for young people.

Objectives We created a co-produced information resource where the young people had a strong voice in determining both the content and presentation of the leaflet. The Youth Empowerment Squad discussed and agreed on key information they wanted to know as well as reliable and valuable sources of further support.

Methods Members collaborated via virtual meetings with clinical staff and an illustrator to create the leaflet. The virtual meetings were facilitated by clinical staff who supported the YES members to agree on the content which they felt was most valuable and relevant to young people. The content was then reviewed by a range of specialists.

The leaflet included information about COVID-19 and how to prevent the spread of the virus, tips on how to physically distance but not socially isolate from friends and how to seek help for COVID-19 symptoms and links to reliable resources for further support.

The YES members were also central to determining the strategy to disseminate the leaflet to ensure that it was accessible to as many young people as possible nationally.

Results The leaflet debuted on social media and has been a huge success. It has been shared via Twitter over 300 times and has been showcased on many youth forum websites and included in online publications.

The YES group has also been approached by multiple national organisations who have been enthusiastic to share the resource. Although the leaflet was developed in East London, the YES member achieved dissemination of their message at national level.

Members plan to continue updating the leaflet as new information becomes available and to consider developing information resources on other elements of COVID-19 including vaccination and education.

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

1121 IMPLEMENTATION OF A NEONATAL DAILY REVIEW SHEET ON A POST-NATAL WARD

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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 chaotic environment regards 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

Abstract 1121 Table 1

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

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).

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.

British Paediatric Allergy Immunity and Infection Group

1122

INTERACTIVE EFFECTS BETWEEN RHINOVIRUS SUBTYPES AND *CDHR3* GENOTYPES FOR SEVERITY OF RESPIRATORY TRACT INFECTIONS

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Background Respiratory tract infection (RTI) is the commonest acute illness in children. Human rhinovirus (HRV) is among the top prevalent respiratory pathogens for RTI, also

a major contributor to childhood asthma exacerbations. The non-synonymous mutation rs6967330-A of *CDHR3* is associated with more severe phenotype of early asthma, upregulates surface expression of HRV-C specific receptor, and relates to higher intracellular HRV-C titre after inoculation. Nevertheless, the relationship between *CDHR3* genotype and severity of HRV infection in general paediatric patients remains unclear.

Objectives This cross-sectional study aimed to investigate the interactive effects between HRV subtype and *CDHR3* genotype in clinical severity from respiratory HRV infections in Hong Kong children.

Methods Total 1564 medical records of paediatric patients (0 – 18 years old) hospitalized for HRV-related respiratory illnesses from January 2015 to December 2016 were reviewed. Viral RNA and host DNA extracted from the corresponding nasopharyngeal aspirates (NPAs) archives collected on admission underwent HRV subtyping and *CDHR3*_rs6967330 genotyping. Cases were considered as valid only if they had satisfying results from both experiments. Patients co-infected with other respiratory pathogens or with insufficient clinical details were excluded from analyses. Multivariate regression model adjusting for age and gender was implemented for explorations regarding independent and interactive effects on clinical outcomes. Genetic effect of *CDHR3* genotype was analyzed in additive pattern.

Results 1507 cases had valid results from both HRV and *CDHR3* branches. HRV Sequencing yielded 48.6% HRV-C, 45.7% HRV-A, and 5.7% HRV-B. Minor allele frequency (MAF) for rs6967330-A was 9.7% (GG 81.9%, AG 16.9%, and AA 1.2%). Patients with A allele were more susceptible to HRV-C infections [odds ratio (OR) = 1.53, 95% confidence interval (CI) 1.20 - 1.96, $P = 0.001$]. Following exclusion, 1019 (62.12% male) cases with average age of 3.1 years old were analysed for HRV-*CDHR3* interactive effects on clinical outcomes. Compared with the other two subtypes, HRV-C was associated with lower RTI (OR = 3.16, 95% CI 2.44 - 4.09; $P < 0.001$), particularly wheezing illnesses (OR = 3.49, 95% CI 2.68 - 4.54; $P < 0.001$), requirement for oxygen supplementation (OR = 4.04, 95% CI 2.59 - 6.30; $P < 0.001$) and systemic steroid treatment (OR = 4.23, 95% CI 2.88 - 6.20; $P < 0.001$). On the contrary, risk allele alone did not showed association with clinical diagnosis or RTI severity. Compared to the reference group (GG, non-HRV-C infection), subjects possess both risk factors had increased risk for wheezing illnesses (OR = 3.74, 95% CI 2.40 - 5.84; $P < 0.001$) and more severe RTI (oxygen supplement: OR = 4.87, 95% CI 2.50 - 9.47; $P < 0.001$; systemic steroid usage: OR = 5.68, 95% CI 3.23 - 9.98; $P < 0.001$).

Conclusions This study identifies interactions between HRV-C and *CDHR3*_rs6967330 A allele in Hong Kong children. HRV-C infection is associated with increased risk of lower RTI and more severe respiratory diseases. coexistence of risk allele and HRV-C have synergistic effect in enhancing the above risks. (Funding: Hong Kong Institute of Allergy Research Grant).