In each subgroup there were 3 roles; storyteller, listener, and an observer who would take notes on the interaction. These would rotate every 10 minutes.

Once everyone had related their stories the group would reconvene to discuss and collate themes in a section facilitated by a psychologist. Avenues of communication were available post-session via email and a survey to get in touch with the faculty regarding any outstanding issues. All information gathered was confidential.

**Results**

Themes collected centred on persistent low morale, feelings of helplessness, uselessness and dread. All tallied well with issues we know affect existing and putative paediatric trainees.

**Conclusions**

Results indicate that attendees found the forum a useful and open place to share their experiences, and that this would be valuable as a regular event in the paediatric calendar, particularly with the additional stress placed on clinicians with redeployment. As such, we hope to present a replicable session template which can be adopted by other departments and hospitals. Through increased adoption and feedback the template could be improved to best fit those making use of the sessions.

**British Association for Paediatric Nephrology**

**1136**

**Drug-induced Acute Kidney Injury in Non-critically Ill, Hospitalised Children: A Systematic Review and Meta-analysis**

Charlotte Hankinson, Louise Oni, Andrea Jorgensen, Stephen McWilliam. Uni of Liverpool; Department of Women’s and Children’s Health, University of Liverpool; Institute in the Park, Alder Hey Children’s NHS Foundation Trust, Eaton Road, Liverpool; Department of Health Data Science, University of Liverpool

The pooled incidence of AKI in nephrotoxin-exposed, non-critically ill, hospitalised children was 17% (p<0.00001, 95% CI 15–19%), pooled data from three papers1-4 (n=747 patients5 combined with n=7756 nephrotoxin exposures1 4). All papers considered nephrotoxin exposure as a risk factor for the development of AKI. However, there was insufficient homogeneity for meta-analysis.

The data suggest that AKI prolongs hospital stay (p=0.14, mean difference 3.07 days, 95% CI -1.05–7.18, pooled data from two papers1,5 (n=3088 patients)), although this was not statistically significant. Mortality was only reported in one paper.1 In-hospital mortality was higher in those with AKI (0.6%) than without (0.06%).

Conclusions

AKI is common in non-critically ill, hospitalised children. Whilst meta-analysis did not produce significant findings, the data suggest that nephrotoxin exposure and younger age are risk factors for AKI. Children with AKI also had longer hospital stays and increased mortality.

**References**


**George Still Forum: ADHD Disorders (ePoster presentations only)**

**1139**

**An Evidence-Based Clinical Guidance Designed for Managing Children and Adolescents with Sleep Problems and Associated Neurodevelopmental Disorders**

Michael Ogundele, Chinniah Yemula, Hani F Ayash. Bridgewater Community Healthcare NHS Foundation Trust; Cambridgeshire Community Services NHS Trust, Meadow Lane, St Ives, Cambridgeshire; Mid and South Essex University Hospitals’ Group, University Hospital NHS Foundation Trust, Southend-on-Sea

Background

There is a paucity of national evidence-based guidelines that emphasises holistic care of children and adolescents with neurodevelopmental disorders, who are highly vulnerable to significant sleep disorders. In addition, clinical practice varies widely about melatonin use with enormous financial implications. There is an urgent need for implementation of safe and effective cost-saving measures to ensure sustainable provision of essential NHS services to the entire UK population.

Sleep problems are common in children and adolescents, especially among those who have recognisable...