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 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

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DRUG-INDUCED ACUTE KIDNEY INJURY IN NON-CRITICALLY ILL, HOSPITALISED CHILDREN: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background Nephrotoxic medication associated Acute Kidney Injury (NTMx-AKI) is a potentially preventable cause of AKI.

Objectives We conducted a systematic review to appraise the epidemiology of AKI in children, and here present results of a sub-review in non-critically ill, hospitalised children.

Methods Two reviewers searched three electronic databases (EMBASE, MEDLINE and CINAHL) from January 2000 until November 2020. Eligible studies for this sub-review included in-hospital exposure to NTMx in non-critically ill children (0 to <18 years of age) with no diagnosis of kidney pathology, and reported AKI as an outcome.

Results Of 205 publications identified, 21 met the inclusion criteria for the main systematic review, and five¹⁻⁵ were included in this sub-review. Of these, two^{1,5} report AKI outcomes in all non-critically ill hospitalised patients (with and without nephrotoxin exposure), and three²⁻⁴ report outcomes only in those with nephrotoxin exposure.

The pooled incidence of AKI in all non-critically ill, hospitalised children was 32% ($p < 0.00001$, 95% CI 29–35%, pooled data from two papers^{1,5} ($n = 3088$ patients)). Children with AKI were younger than those without ($p = 0.14$, mean difference 3.10 years, 95% CI -7.22–1.01, pooled data from two papers^{1,5} ($n = 3088$ patients)), however this association was not statistically significant.

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 papers²⁻⁴ ($n = 747$ patients² combined with $n = 7756$ nephrotoxin exposures^{3,4})). 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 papers^{1,5} ($n = 3088$ 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.

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George Still Forum: ADHD Disorders (ePoster presentations only)

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AN EVIDENCE-BASED CLINICAL GUIDANCE DESIGNED FOR MANAGING CHILDREN AND ADOLESCENTS WITH SLEEP PROBLEMS AND ASSOCIATED NEURODEVELOPMENTAL DISORDERS

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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