service user involvement which focuses on the lived experience and the effect of childhood adversity.

Conclusions Following evaluation of the research I wish to introduce the concept of trauma informed care for the second-year student nurses. Furthermore, work with the undergraduate medical school to introduce trauma informed care to medical students.

Conduct further research with other allied health professional students to ascertain their knowledge and understanding. For example, with samples of allied health professionals, paramedics and midwives.

Further research to be conducted with trained health care professionals to ascertain their understanding and knowledge.

This pilot study will be preparatory work for a larger scale study as part of a professional doctorate.

British Association of Perinatal Medicine and Neonatal Society

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OUCH! NOT MY NOSE!STOP: AUDIT & QUALITY IMPROVEMENT INITIATIVE: (SEPTUM TRAUMA OCCURRENCE PREVENTION)

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Background Following guidance from BAPM as well as the European Consensus, we are resuscitating smaller babies at an earlier gestation. We are also trying to stabilise more babies onto Nasal Continuous Positive Airway Pressure (nCPAP) from birth or after a brief period of ventilation as this is the mainstay of respiratory management for the majority of our babies. As we get better at resuscitation, so must the care we provide to the most delicate of babies.

Nasal trauma is a recognised complication of nCPAP therapy. Nasal septal injuries from NCPAP can be very distressing to the baby, parents and the staff looking after the baby.

As the usage of non-invasive ventilation using nasal CPAP is increasing more care needs to be undertaken to prevent nasal injuries caused by nCPAP.

Objectives This is an Audit and Quality Improvement (QI) project whose aim is to audit rates of nasal injuries caused by nCPAP as well prevent and reduce nasal trauma caused by nCPAP by ensuring all staff have the correct education and knowledge regarding nasal care, by the design and implementation of a standard teaching package amongst all staff.

Methods Data regarding rates of nasal trauma in preterm infants (< 37 weeks) as a result of nCPAP was collected retrospectively from Jan to December 2019 and from Jan to July 2020. Initial audit findings were presented at Audit meeting in July 2020. From this a teaching package was designed a poster was developed and displayed on the unit and attached to every cPAP machine as well as stickers printed and attached to the chart of each baby commenced on CPAP to act as a memoire aide when looking after preterm infants on CPAP. Audit standards were created and data was then collected prospectively from August to December 2020 after teaching had been disseminated to all staff.

Results Before this QI initiative, there was a total of 20 nasal injuries from nCPAP in 2019 (~1.7 injuries per month).

From January to July 2020 there were 11 nasal injuries and similar rates of ~ 1.6 injuries/month.

Post QI: after the implementation of the teaching package and education to all staff, there were only 3 nCPAP related injuries from August to December 2020 of whom all were in babies < 30 weeks. This was an average of 0.6 nasal injuries/month from NCPAP. Hence this project demonstrated a ~60% reduction In the number of nasal injuries per month.

Conclusions Although there is a risk of nasal injuries, nCPAP, remains the mainstay of non invasive respiratory management for our preterm babies and prevention and avoidance of nasal injury remains crucial. Having positive uptake from both doctors and nurses and having nursing champions on this project was crucial to its success and the dissemination of education and care practices across the unit. Overall this project has successfully demonstrated that with the right education and dedication to a standardised practice, we can improve the Quality of care given to our tiniest babies to prevent and reduce distressing (nCPAP) related septal injuries.

British Academy of Childhood Disability

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HOSPITAL PASSPORTS FOR CHILDREN WITH COMPLEX ADDITIONAL NEEDS IN ANEURIN BEVAN HEALTH BOARD

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Background Parents and children with complex additional needs (CAN) admitted to paediatric wards can experience communication difficulties with health workers. This can result in frustration, delays, errors, and distress. Hospital passports (HPs) can improve patient-centred care and in-patient experiences. HPs help children and carers communicate their needs, values, and other essential information. They are recommended by the children's charity Wellchild.

Objectives As part of a service improvement project, we sought the views of parents, nurses and paediatric doctors, before and after piloting a HP.

Methods We surveyed parents of CAN and paediatric doctors and nurses in the Royal Gwent Hospital, Newport and Serennu Children's Centre, Rogerstone, anonymously for the month of July 2019. Questions concerned previous experience of HPs, desirability and recommendations. Thematic analysis was applied to open-ended question responses, to identify themes and sub-themes. Following this, a pilot was created. Paediatric Consultants and carers of CAN were then surveyed during the month of October 2020, to assess awareness, frequency of use and initial feedback.

Results 20 staff and four parents (mostly of children with neurodisability) responded. 55% of staff were aware of HPs. All reported a need to improve the communication between staff and families, and that HPs could help. Themes and sub-themes arising from the first survey open-ended questions were as follows:

- Communication – assistive technology awareness, carers constantly repeating themselves, forgetting vital information in acute situations

- Dignity – giving children a voice, ways to examine and speak to the child, Child/parent/carer ownership of HP
- Routines – children and families find disruptions upsetting, likes and dislikes, how to soothe
- Importance of updating – accessibility of paper and online version, difficulty of updating

Key quotes from a parent, and staff member about how they thought HPs could improve their child's experience were as follows.

'Communication, especially if the child is not verbal. People assume that she doesn't understand or hear what's said. People don't talk to her or look at her.'

'This is a brilliant idea and there is a high need for patients with complex needs to have a voice. Often I have cared for a child with complex needs and parents are not present. It has been difficult to gather up-to-date information on patient.'

On resurveying, 70% of consultants stated they were aware of HP availability, that they aided junior members of staff caring for complex patients and would be helpful for transition-aged CAN. However, fewer had distributed them. Barriers included lack of awareness and time in the outpatient setting, and language barriers, where it was concluded HPs were most needed. Parent feedback stated HPs prevented repetition and allowed CAN control over the information they shared.

Conclusions Staff and parents stated a need for HPs, which should focus on the communication of vital information between staff and families and prevent repetition. They should contribute to dignity for CAN, include information about routines, soothing, and likes and dislikes. They should be accessible and easy to keep updated. More work is needed to raise awareness and overcome barriers to implementation, and to obtain further feedback for improvement.

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IMPLEMENTATION OF QUICK-WEE TECHNIQUE FOR CLEAN CATCH URINE SAMPLING IN NEWBORNS

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Background Clean urine samples can be either collected invasively (catheterization and Suprapubic aspiration), or non-invasively using sterile bags, which are associated with discomfort and contamination.

A clean catch urine sample is the recommended method for urine collection in children who are able to cooperate. This is difficult in newborns who lack sphincter control. Stimulation techniques that facilitate emptying of the bladder could help with a clean-catch urine sample.

Objectives Determine success rate and safety to obtain clean-catch urine samples in newborns with Quick-Wee technique.

Methods

- This is a prospective study conducted in the Well Baby Nursery at KFAFH over 2 years (July 2014-September 2016).

- Inclusion criteria: Newborns aged under 30 days who needed a urine sample according to the attending physician.
- Exclusion criteria:
 - Poor feeding.
 - Dehydration.
 - Abnormal vital signs.
 - A medical condition that limits the maneuver manipulations.
 - Drug administration.
- Technique
 - Two nurses performing the technique and a third one monitoring the time with a stopwatch.
 - Full feed for age given, and 25 minutes later, genitals are cleaned with warm water and soap then dried with sterile gauze.
 - Nonnutritive sucking as nonpharmacological analgesia.
 - One nurse holds the newborn under the armpits with legs dangling, and the other nurse begins to stimulate the bladder by gently tapping the suprapubic area at a frequency of 100 taps or blows per minute for 30 seconds. Then stimulates the lumbar paravertebral zone in the lower back with a light circular massage for 30 seconds. This is repeated until micturition begins and a midstream urine sample is caught in a sterile container.
 - Successful sample collection is considered if collected within 5 minutes from starting the technique till the first urine dripping.

Results

- 63 newborns with a mean age of 2.075 days. Including 44 boys and 19 girls.
- Indications for urine collection
 - 5 Neonatal jaundice
 - 24 suspected UTI
 - 7 renal anomaly
 - 27 renal pelvis dilatation.
- 95.24% Success rate for collecting the sample within 5 minutes (n=60/63).
- Mean Time spent collecting the sample from the start of the maneuver till the first urine dripping was 126.4 sec (136.3 sec for boys and 100 sec for girls).
- 63.33% (n=38/63) samples collected in less than 60 sec, with a mean time of 56.67 sec.
- 3 cases failed clean catch urine sampling:
 - 1 failed to collect the sample, but the test was repeated again and a sample was successfully obtained in 57sec.
 - 2 samples obtained after 5 minutes (8.25 min and 15.08 min) which exceeds the time limit mentioned. These 2 babies were stable and calm throughout the procedure.
- There were no complications apart from controlled crying that occurred in 72% of newborns.
- There were no statistically representative differences found with regard to sex in relation to success rate or time of sample collection.

Conclusions

- Quick-Wee technique in an easy, safe, non-invasive and fast way for clean catch urine sample in a majority of newborn babies.
- This technique also saves hospital resources needed for other invasive techniques, plus avoiding their complications, failure rates, and long waiting times that might delay management needed.