liver transplant. Employment outcomes are encouraging and pregnancy considered an at-risk period. These findings provide justification for routine psychosocial assessment of these patients during follow up and larger multi-centre collaborations in order to develop the evidence base for future patients.

British Paediatric Allergy Immunity and Infection Group

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AVOIDING UNNECESSARY WAITING TIMES AND HUMAN RESOURCES- A LOOK INTO SUPERVISED FEEDING WITHIN OUR OUTPATIENT DEPARTMENT

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Background Over the last 30 years, the prevalence of food allergy has risen. It remains a disease that impacts significantly on the quality of life of children and their families. It has been established that timely reintroduction of allergenic foods is essential to confirm tolerance. In low risk patients, this can be done by supervised feeding. Supervised feeds also help in allergy diagnosis in patients with suspected food allergy.

Compared to an oral food challenge, which involves food given in incremental doses and observations performed during and 2 hours after, a calculated amount of food is given within 30 minutes and the child observed for an hour thereafter. Bed space, manpower and time are precious commodities within our DGH paediatric assessment unit, perhaps even more so now in the time of covid. Performing supervised feeding in an outpatient setting compared to food challenges in eligible patients allows for the patient to avoid unnecessary time spent in hospital and also a more efficient use of available resources.

Objectives Our set objectives were to compare supervised feeds with food challenges and determine to what degree supervised feeds in the outpatient setting could be successful, also to know what allergens were commonly tested and to confirm whether supervised feeds were less time consuming and required less staffing resources

Methods A retrospective analysis was performed on outpatient data over a period of 6 months. Any missing data was accounted for from discharge summaries. The amount of nursing staff required per patient and average time taken between food challenges and supervised feeds were also calculated.

Results 81% of patients aged 1–15 passed their supervised feeds, of which a majority had an allergy to peanuts. Reasons for failure was determined in over 65% of those who failed the supervised feeds. The common food allergen in the failed feed was peanut. The average time needed was within 1–2 hours for their supervised feeds and required a nursing ratio of 1 in 4 compared to 1 in 2 required for a food challenge.

Conclusions Overall, our supervised feeding was successful and safe for this patient set. By performing supervised feeding in the outpatient setting, the assessment unit was freed up in terms of bed space and staff members for the care of acutely unwell children. Furthermore, less time was spent overall in

hospital thereby minimising the risk of patient distress or even harm. Supervised feeding in an outpatient setting could thereby provide a way of alleviating pressure on acute assessment units by avoiding unnecessary waiting times and utilising human resources appropriately.

Association of Paediatric Palliative Medicine

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CLINICIANS' EMOTIONAL RESPONSES TO PALLIATIVE CARE CASES IN THE NEONATAL TRANSPORT SETTING

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Background There are 15 regional neonatal transport teams in the UK. These relatively small teams of neonatal nurses, doctors, and ambulance drivers are involved in stabilising their region's sickest babies and in the emergency and elective transfer of babies between hospitals. They also move babies for palliative care purposes to hospices, home, and, occasionally, to other destinations of the family's choosing. Given this remit, they are regularly exposed to neonatal death in both the emergency and planned palliative care context. Literature evidence shows that experiencing neonatal palliative care and perinatal death in the inpatient environment affects the psychological well-being of the staff involved. However, the impact of neonatal palliative cases on clinicians working in the unique neonatal transport environment is not documented.

Objectives This project aimed to assess the emotional responses of the Acute Neonatal Transfer Service (ANTS) team to being involved in neonatal palliative care cases.

Methods Through electronic record and notes review, we identified palliative cases undertaken by the ANTS team between January 2018 and March 2020. We surveyed the transport nurses and doctors involved through anonymous electronic questionnaire sent by email. Questions addressed their emotional response, most difficult aspect of the case, and what could be done to improve their experience of similar cases in the future. We analysed the free text answers for themes

Results We identified 11 planned palliative transfers and five emergency redirection of care cases in the 26-month period. We received 14 clinician responses to our questionnaire, a 70% response rate. In-keeping with the wider literature, we found that negative emotions including anxiety and sadness were common amongst team members involved in palliative cases. Sources of difficulty for transport team clinicians included decision-making, supporting parents, suppressing their own emotions, and leaving the baby. Surprisingly, positive emotions were also expressed including the feeling of being privileged to have been involved in the case and having done a good job.

Conclusions Palliative care cases impact emotionally on neonatal transport clinicians and there are certain aspects of the case that can be particularly difficult. Additional training on managing palliative care in neonatal transport, time for debrief following the case, and psychology support for the team are strategies that could help support the ANTS team through these challenging cases in the future.