frequently in future. At this juncture it would be useful to collect feedback from the paediatricians to improve our understanding of the practical issues with use of PPE so that as a group changes or alterations could be considered if at all necessary.

Objectives To understand practical difficulties with use of PPE if any and review personal experience from paediatricians who have been using them in the current pandemic

Methods Survey regarding PPE specific questions were sent to multiple Paediatricians and the results analysed

Results 96 paediatricians responded to the survey. Of the 96 doctors who responded, 61 were consultants and 35 were at a middle grade level. 27% of the respondents said wearing face masks did not affect their interactions with children. 73% of the respondents noted difficulties with increased stranger anxiety, difficulties with communication and establishing rapport with their patients. Of the 73% who had difficulties with interaction this was highest in the 1–3 year patient age group. 61% of the respondents did not feel that having face masks interferes with handovers although 39% felt it does. Almost 80% of the respondents felt that having full PPE interfered with their procedural skills with particular difficulties with intubation (33%) and cannulation (56%). 54% respondents preferred goggles and 46% preferred visor for eye protection. 30% of the respondents said that they would still prefer to continue to use PPE even after the pandemic.

Conclusions This survey brings out some very interesting facts (and many other comments) about use of PPE in our professional life. A large majority felt that it affects their interactions with children particularly the 1–3 year age group due to the difficulty in reading expressions and communication. It would be important to look at having alternative face masks which are child friendly. A significant proportion felt that having full PPE interferes with their procedural skills and it is important that this is urgently addressed as it could have significant patient safety implications. Fogging, poor visual clarity etc. were many of the issues reported and the wider paediatric group needs to escalate these concerns so that alternatives could be considered. PPE is likely to remain a long term piece of equipment to be used in paediatrics and it is important that we now ensure that they are tailored based on feedback from its users.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

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VIRTUAL CONSULTATIONS IN PAEDIATRICS- WHAT HAVE WE LEARNT?

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Background With the current pandemic there have been many changes in the way we work. The most obvious one is use of remote clinics with the likelihood that this would remain with us in the long term. There have been wide spread acceptance of this way of working in a very short time with benefits in cost efficiency and patient attendance described. Remote consultations in paediatrics has its own challenges and this would be a good time to analyse how it works, the practical

challenges and to see if any changes are needed with the how it is provided in the future.

Objectives To get feedback from paediatricians regarding their use of remote consultations so that we could plan our services for future

Methods A questionnaire Survey was sent to paediatricians regarding their experience of use of virtual consultations and their responses were analysed

Results 66 doctors responded to request for feedback and provided answers to the questions. 78% of the respondents were paediatric consultants, 6% were neonatal consultants, 6% community consultants and 10% were specialist registrars. 94% of the respondents hadn't done remote clinics before the pandemic. Over 60% of the respondents had done more than 50% of their outpatient clinics over the last one year remotely. 75% of the respondents also provide specialist clinics apart from general clinics. 15% of the respondents used only video clinics, 28% only telephone clinics and 50% did both video and telephone clinics. 27% of the general paediatric patients and 39% of the speciality paediatric patients seen remotely were called in for a face to face consultation subsequently. Main problems with telephone clinics were calls not being answered, safe guarding concerns not being evident, difficulty in diagnosis and patient rapport. Amongst video clinic users difficulty with use of technology and network issues were the most frequent problems encountered. 55% would prefer face to face clinics in comparison to remote clinics. 73% used NHS attend anywhere platform for video consultations. The overall prediction was that 37% of the general and 31% of the speciality paediatric outpatient consultations could be done remotely in future. 55% of the respondents reported that the non attendance rate has gone down with use of virtual clinics

Conclusions In our survey it is clear that virtual consultations were done by most paediatricians over the last 1 year with the majority doing a mix of video and telephone clinics. There were practical difficulties with use of both telephone and videos amongst the respondents with approximately a third of the patients being called for face to face consultations subsequently. More than half of the group would prefer face to face over virtual consultations as it ensures better communication, rapport, review of safe guarding concerns and better diagnostic results. However there is a vast proportion of consultations which could be easily completed remotely thereby reducing patient journeys and improving attendance rate. An agreed list of conditions where remote consultations are equally effective would be a helpful way forward along with attempts to improve current technology.

British Paediatric Respiratory Society

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VIRAL ETIOLOGY OF MODERATE TO SEVERE ACUTE LOWER RESPIRATORY TRACT INFECTION IN CHILDREN FROM A TERTIARY CARE HOSPITAL OF EASTERN INDIA

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Background Viral infections are the common source of lower respiratory tract infection worldwide. Rapid and accurate detection of viral infections can prevent antibiotics abuse

therefore could help in implementing rational antibiotics use. But studies determining viral etiologies have not been studied much in developing countries like India.

Objectives To study viral etiology in children hospitalized with moderate to severe Acute Lower Respiratory Tract Infection (ALRTI) over a period of two years and to detect impact of co-infection on severity and duration of hospitalization.

Methods We performed a study in children of age group one month to five years admitted in PICU and HDU of a tertiary care hospital of eastern India, with moderate to severe respiratory symptoms from march 2018 to march 2020. Nasopharyngeal swabs were collected at the time of admission and analyzed by using Real time PCR. Eighty two children were enrolled for study, out of which 51 were detected positive for viral infections and they were analyzed for etiological, clinical and laboratory parameters.

Results The highest positivity rate was observed in children in age group 1- 12 months (58.8%), 1- 5 years (42.2%). Our study confirmed 62 percent viral etiology. Adenovirus was detected in 35.5% of samples; RSV in 25.5%, rhinovirus in 10%, co-infection in (17%) and remaining 18% included metapneumovirus, influenza, human corona and parainfluenza virus. Clustering of cases were observed in the months of september-october and january- february. Comparison between single and co-infection in terms of complications(p value 0.06), average duration of stay(p value 0.2) and inflammatory parameters (p value 0.47) were not significant.

Conclusions Adenovirus and RSV are the leading viral pathogens for ALRTI requiring HDU care. Vaccine and antiviral agents are required to reduce ARTI hospitalization.

British Association of Perinatal Medicine and Neonatal Society

1262

GLUCOSE GEL IN THE DELIVERY ROOM REDUCES HYPOLYCAEMIA IN PREMATURE BABIES

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Background Background: Buccal glucose gel is a well-established treatment for hypoglycaemia in term and late preterm babies. Prophylactic use, and use in preterm babies, are poorly studied. Newborn preterm babies are vulnerable to hypoglycaemia after cord-clamping which is traditionally not addressed until IV cannulation on the neonatal unit.

After a retrospective audit highlighted high levels of hypoglycaemia on admission to the neonatal unit, a working group decided to explore glucose gel as a strategy to improve glycaemic control in the delivery room.

Objectives

Objective to reduce hypoglycaemia in preterm babies <34 weeks through prophylactic administration of glucose gel during delivery room stabilisation.

Methods

Methods We used PDSA cycles to implement and continually adapt a guideline for administering glucose gel in the delivery room. We collected data on 102 babies who received glucose gel, comparing to the initial retrospective cohort of 100 babies who did not. We classed an acceptable blood sugar as $\geq 2.0\text{mmol/L}$.

Results

- Significant reduction in severe hypoglycaemia ($<1\text{mmol/L}$) on admission in babies <34 weeks from 15% to 6% ($p<0.05$)
- Reduction in overall admission hypoglycaemia ($<2.0\text{mmol/L}$) from 38% to 26% ($p=0.07$)
- Increase in mean BSL on admission from 2.3mmol to 2.9mmol ($p<0.05$)
- No increase in significant adverse events

Conclusions

Conclusion

- The prophylactic use of glucose gel for preterm babies in the delivery room may safe and effective in reducing the rate of severe hypoglycaemia on admission to the neonatal unit, and this practice is now incorporated into our units preterm stabilisation pathway
- PDSA cycles were an effective way to engage the whole team in designing our protocol

Paediatricians with Expertise in Cardiology Special Interest Group

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MANAGEMENT TRENDS AND OUTCOMES OF NEWBORNS DIAGNOSED WITH PERSISTENT PULMONARY HYPERTENSION OF THE NEWBORN IN A DISTRICT GENERAL HOSPITAL

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Background Persistent Pulmonary Hypertension of the Newborn (PPHN) affects around two infants out of 1000 live births and has significant morbidity (1). It develops due to sustained foetal circulation with raised pulmonary vascular resistance and normal to low systemic pressure. The usual presenting feature is labile hypoxaemia due to right to left shunting via patent ductus arteriosus. Common causes include meconium aspiration syndrome (MAS), sepsis. Aggressive and early treatment with inhaled nitric oxide and inotropic agents has been shown to have better outcomes and avoid the need for extracorporeal membrane oxygenation (ECMO) treatment.

Objectives The objectives of this audit were to review management and outcomes of babies treated for PPHN in a District General Hospital with a Level 2 Neonatal Unit.

Methods A retrospective search was carried out on Badger and local electronic patient record system to identify babies with diagnosis of PPHN during a period of 12 months. A structured proforma was used to collect and analyse the data.

Results During the 12 month period there were 20 babies that were coded for PPHN diagnosis. 16 of them were selected for further analysis (4 were excluded: 1 had congenital heart defect, 1 had pulmonary hypoplasia due to renal condition, 1 had hypoxemia and systemic hypotension due to sepsis, and 1 was coded incorrectly) This unit delivers around 600 babies a year. 15 babies were born at term (>37 weeks of gestation) and one born at 32 weeks. 13 babies had meconium aspiration syndrome, 1 had sepsis and 2 had no clear cause for PPHN and were born by elective C section. 10 babies admitted to Neonatal unit within 1 hour of birth and 14 were