

(range 7–25 days). In 52% (n=24) of cases, a genetic cause for the patient's presentation was identified. Of these 24 cases, 96% (n=23) resulted in a change in management. The most common change in management was referral to a specialist (52%; n=12).

Conclusions The R14 service for acutely unwell children heavily relies on effective collaboration between Neonatal and Clinical Genetics teams, as both teams are involved in the referral process. It is important that we improve our documentation – particularly around consent for testing – and ensure request forms are fully completed before submission. In over half of our cases, a genetic cause for the patient's presentation was identified; in all but one of these cases, this affected some aspect of patient management. This audit has helped us to identify strategies to ensure equitable access to the R14 service across our region.

Paediatric Critical Care Society

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SURVEY OF THE EXPERIENCES OF STAFF WHO CARED FOR ADULT PATIENTS WITH COVID-19 ON PAEDIATRIC INTENSIVE CARE UNITS DURING THE FIRST WAVE OF THE PANDEMIC

¹Sukesh Mohta, ²Gillian Colville, ³John Alexander. ¹Oxford University Hospitals NHS Foundation Trust, UK; ²St George's University Hospitals NHS Foundation Trust; ³University Hospitals of North Midlands NHS Foundation Trust

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Background As the first wave of COVID 19 pandemic was gripping the nation and patient numbers on adult intensive care (AICU) were increasing rapidly, Paediatric Intensive Care Units (PICUs) across the UK offered to admit adults on PICUs.

Objectives To collect data regarding personal reflections, emotional well-being and stresses on staff who managed adults with COVID-19 on PICU.

Methods An anonymous online survey, comprised of eleven fixed response and four free text questions, conducted between May and June 2020.

Results A total, 211 responders from six English PICUs included 134 nurses, 56 physicians and 21 allied health practitioners (AHPs). Two third had > 5 years PICU experience and 47 (22%) had previous adult ICU (AICU) experience.

A majority, 113 (54%) reported that required to take care of adults was most concerning whereas only 58 (28%) were concerned due to COVID 19. Those with previous AICU experience were much less likely to report concerns about caring for adults (10/47 (21%) v 103/164 (63%) p<0.001).

119 (56%) staff reported burnout - nurses (92/134 – 69%) and AHPs (12/21 – 57%) reported higher burnout than doctors (15/56 (27%) - p<0.001). Sleep difficulties were reported by 137 (65%) - nurses affected more than their colleagues (102 (76%) v 10 (48%) AHPs and 25 (45%) doctors, p<0.001). Staff with previous AICU experience reported lower rates of burnout (16 (34%) v 103 (63%), p<0.001) and sleep difficulties (16 (34%) v 121 (74%), p<0.001).

Fear of spreading infection was reported by 139 (66%) and the need to be extra vigilant by 128 (61%), with no significant differences found between professions. A third 76 (36%), were concerned that their patients had received sub-optimal care and 29 (14%) felt that the care they had provided had

been compromised by their personal concerns, with this response being more common in those without previous AICU experience (27 (16%) v 2 (4%), p=0.032).

Staff found it difficult not being able to communicate face to face with patients' families; having to care for people that were their own age or their parents' age; working in full PPE; absence of clear guidelines and staff shortages. Their main methods of coping were relying on existing team relationships; obtaining support from friends and family; maintaining personal resilience and accepting they were doing their best. Positive aspects included networking with AICU colleagues, a feeling of enhanced comradeship and pride in learning new skills eg proning, but there were requests for greater visibility of managers, better communication and more training.

Conclusions The finding that so many staff in this survey reported burn out and sleep problems suggests that the provision on the management of traumatic stress symptoms and sleep hygiene may be helpful.

Although several PICUs managed adult patients, there were paediatric staff redeployed to adults' units as well. This survey suggests that staff with previous AICU should be used first and that extra support may be needed for others redeployed later, to maintain their connection with their base team in the interests of minimising the psychological repercussions which they may be at increased risk of experiencing.

British Inherited Metabolic Disease Group

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SUPPLEMENTARY FEEDING IN CHILDREN WITH MITOCHONDRIAL DISEASES

¹Victoria Nesbitt, ²Judy Wadsworth. ¹Oxford University Hospitals; ²NHS Highly Specialised Services for Rare Mitochondrial Diseases Oxford

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Background Mitochondrial diseases are the most common group of neurometabolic disorders in childhood affecting all age groups. It can present with isolated organ involvement or as multi-system disease. Growth is commonly affected. Short stature and a progressive reduction in body mass index are recognised features of mitochondrial disease. Those children with complex neurodisability may particularly need supplementary feeding due to increased metabolic requirements associated with seizures and movement disorders, and those with cardiomyopathies commonly have increased calorific requirements. Supportive therapies are the mainstay of management for mitochondrial disease, which is currently an incurable condition. Adequate nutrition is essential to support metabolic demands, encourage growth and development, and enhance quality of life.

Objective To determine the number of children with mitochondrial disease who receive supplementary feeding and the reasons why supplementary feeding is required.

Methods Both authors reviewed the medical records of children aged 1–16 years with known or suspected mitochondrial disease currently attending the NHS Highly Specialised Service for Rare Mitochondrial Diseases in Oxford with evidence of receiving supplementary feeding.

Results 45 children aged 1–16 years were included (25 male: 20 female) of whom 35 had confirmatory genetic diagnoses of mitochondrial disease, 8 had biochemical diagnoses only and 2