Conclusions Isolated mild aortic arch hypoplasia in a non-syndromic child has an reassuring five year outcome with none of the patients in this series needing surgical interventions. These patients can usually be followed up annually and the risk of developing obstructive coarctation is very rare at least in the first five years of life. This information would be useful in communicating to parents of infants diagnosed to have mild turbulence across the transverse/descending aortic arch and organising follow ups. Longer term follow up in a larger group, till adolescence would provide better outcome data in this cohort of children.

Association of Paediatric Palliative Medicine

1402 DEDICATED ADMINISTRATIVE SUPPORT IMPROVES CHILDREN AND YOUNG PEOPLE'S ADVANCE CARE PLANNING DOCUMENTATION

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10.1136/archdischild-2021-rcpch.619

Background Advance Care Planning (ACP) is a key component of end-of-life care for children with life-limiting conditions. National Institute for Health and Care Excellence (NICE) standards exist providing guidance to clinicians around best practices in ACP.

Objectives To audit Children and Young People's Advance Care Planning (CYPACP) documentation in Gloucestershire against the national guidelines at the time. To evaluate whether introduction of an administrative lead would improve ACP record-keeping and distribution.

Methods We initially reviewed the quality of CYPACP documentation of children who had expected deaths between April 2015 and March 2017 in county against NICE standards. We compared this to the CYPACP used in children who died from expected causes between May and December 2019, following introduction of dedicated administrative support in April 2019. We also audited active CYPACPs between December 2019 and January 2020 against national standards.

Results There were 19 expected deaths between April 2015 – March 2017, of which 3 (16%) had accessible documented CYPACPs. There were 7 expected deaths over 6 months in

the 2019–20 timeframe, of which 3 (43%) had accessible CYPACPs. Of note, 1 had a documented parent wishes letter, 2 had no ACP and 1 died in another trust and therefore their CYPACP was inaccessible. Documented distribution of CYPACPs to key stakeholders improved from 66% to 100% following administrator introduction. Completion of the CYPACPs based on NICE guideline criteria is outlined in table 1. Case note review found 25 active CYPACPs in December 2019 – January 2020. 20 of these were readily available on our Trust's electronic patient record and 2 of the remaining 5 had an alert on the system to state that an ACP was in place. 2 (8%) of these were overdue review.

Conclusions Recruitment of a dedicated administrative lead improved accessibility and distribution of CYPACPs in the region. Limitations of the audit include small sample size within the expected deaths groups and difference in analysed timeframes. We would expect the proportion of CYPACPs to be greater following administrator introduction, had the same time period been analysed. Further information needs to be gathered using the updated NICE guidelines and following introduction of ReSPECT documentation in the region.

Quality Improvement and Patient Safety

1403 MANAGEMENT OF CONSTIPATION IN PATIENTS UP TO 18 YEARS FOLLOWING MAJOR SURGERY

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10.1136/archdischild-2021-rcpch.620

Background Postoperative constipation is common, due to a combination of opiate analgesia and relative immobility. This causes significant morbidity with loss of appetite, nausea and abdominal pain being prominent symptoms. This can hinder healing and recovery, prolonging hospital stay.

Despite its prevalence, our trust had no postoperative constipation guideline. We also noted frequent usage of suppositories and enemas in our department, which are invasive and potentially avoidable procedures.

Objectives To evaluate laxative and rectal medication use in this patient group.

Methods All paediatric patients admitted for elective surgery from 1st September to 30th November 2019 with a projected stay greater than 5 days were included in the analysis. Data was collected retrospectively from drug charts and clinical notes. Two-stage operations within a single admission were counted as two separate procedures. The only exclusion was a child with ileostomy.

For each laxative, the day of prescription and day of first administration were recorded, in relation to operation day, as well as when rectal medication was administered, and when bowels first opened. We also divided the laxative doses into low, medium and high using BNFC recommended age-related dose ranges. We postulated that higher doses would be more beneficial for this patient group.

Results In total, 91 procedures were recorded in 78 patients, 84% of patients were older than 12 years.

Docusate sodium was the most frequently prescribed laxative, being written on 91% of drug charts by day 1 post surgery. On the day of operation only 16 patients (18%) received a dose, 80% had done so by day 1. 75% of patients

Abstract 1402 Table 1

Completion Rate	2015–2017 (%)	2019–2020 (%)
Sample population	3	3
Demographics	100	100
Contact information	100	100
Consent statement	66	100
Condition summary	100	100
Child's wishes	66	67
Record of discussions	100	67
Treatment plans	100	100
Education plans	0	0
Preferred location of death	100	67
Organ donation	100	67
Resus plans	100	100
Distribution list	66	100