meetings, use of personal and protective equipment and social distancing.

Objectives Our objective was to understand the impact of these changes on carers of children requiring intensive care during the Pandemic.

Methods A patient reported experience measure (PREM) focusing on experiences of attending the hospital and the impact of the necessary changes was developed by clinicians, family liaison nurses and the PREM team at our institution. The PREM was distributed to carers whose child was either a planned or emergency admission to the Paediatric, Neonatal or Cardiac intensive care units between December 2020 and March 2021. Quantitative and thematic analysis of responses was undertaken.

Results To date, 80 PREMs have been given to carers and 67 completed questionnaires have been received (76% response rate). Overall levels of satisfaction were very high, with 94% reporting that they were very or mostly satisfied with the intensive care team and the service they provided. Nearly two-thirds of the carers were concerned about catching COVID whilst on the intensive care unit but this decreased to 43% for other public areas of the hospital, such as the cafeteria.

All carers understood the need for them to wear a mask but only 65% agreed that staff were able to interpret and respond appropriately to their emotions when they were wearing one. One third of respondents reported that they did not get the emotional support they needed from family or friends. Some carers found the restricted visiting policy challenging, with 24% reporting that it was not acceptable that the sole carer permitted at the bedside could not change as needed. This was supported by the qualitative comments, which indicated that whilst parents understood the rationale for the one carer policy, it caused additional distress.

Loneliness and lack of physical contact were identified by parents as particularly stressful, together with the need to cope alone with complex information. Carers described being 'fully alone' without their partners, which affected the mental health of both parents and resulted in feelings of despair and confusion.

Conclusions Our intensive care is one of the largest paediatric units in the UK and during the pandemic we increased our capacity to accommodate intensive care patients from other paediatric units that reconfigured to treat adult patients. During the pandemic, our usual approach to carer support was challenged by visiting and communication restrictions, the impact of which may have long-term consequences. Despite these challenges, we were able to sensitively provide the high standards of care expected by patients and their families.

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IMPROVING RISK ASSESSMENTS FOR PAEDIATRIC INPATIENTS WITH ANOREXIA NERVOSA USING A TECHNOLOGY-BASED APPROACH

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Background Anorexia Nervosa (AN) has the highest mortality rate among mental health disorders in adolescence. Yet, patients with AN can appear misleadingly well, making it challenging to predict who is at risk from complications. No single measurement is sufficient to determine this risk. Only where careful assessment is made and taken together with the correct physiological and biochemical tests, can level of clinical concern safely be gauged. The Royal College of Psychiatrists provide a framework for such assessments, in a publication named *Junior MARSIPAN*. These set out a number of parameters each of which, if sufficiently deranged, may constitute a 'red flag' indicating high clinical risk. As young people with AN often present to inpatient paediatric services, it is important that these parameters are considered by the clinicians caring for them in these contexts.

Objectives To evaluate the thoroughness with which inpatients with AN are assessed for severity of their condition on a paediatric ward in the North East of England, where local guidelines advocate for use of the *Junior MARSIPAN* framework for risk assessment. Where possible, to improve upon the completeness of such assessments using a technology-based approach.

Methods A retrospective process audit was conducted on all patients with AN admitted to paediatric services in 2014–17. Clinician's assessments were examined for documentation of 18 parameters recommended for assessment within *Junior MARSIPAN*. Following this, we introduced a calculator designed to strengthen and simplify assessments by processing the *Junior MARSIPAN* algorithm, correcting for age and gender automatically. The impact of this on completeness of assessments was evaluated through subsequent reaudit over 2018–20.

Results 41 admissions spanning 2014–17 were found. In only 10% (4) of these, a clinician had assessed all 18 risk parameters. However, in the subsequent 23 admissions following introduction of the calculator, the rate of fully completed risk assessments increased to 74% (17). After the calculator was implemented, all clinicians completing fully comprehensive assessments had done so with assistance from the calculator. Conversely, all those who did not utilise it had made omissions.

Where assessments contained omissions, the most frequently missed parameters pertained to history and examination. Overall, key risk-determining features were missed in 58% (37) of histories and 52% (33) of examinations, respectively. Meanwhile, postural blood pressure changes were missed in 20% (13), and electrocardiograms in 13% (8) of the admissions. Biochemical tests, weight measurements and vital signs were seldom missed.

Conclusions Thorough assessments are imperative to avoid missing subtle signs of severity in AN. Using a complete audit cycle, we have demonstrated that local implementation of a technology-based solution to such assessments can assist clinicians in completing these comprehensively. This may prevent hidden red flags from being missed. Further, the frequently omitted parameters identified through this audit highlight areas where clinician assessments often fall short. Emphasising through education the importance of these domains, including careful clinical and cardiovascular assessment, may help to further mitigate shortcomings in clinical assessment going forward.