We confirmed that the severe underuse in POCUS application was not due to a lack of enthusiasm, but rather a lack of training. The large majority of our respondents believe POCUS to be an essential adjunct to paediatric emergency medicine, however its user-dependency in the absence of well-established training severely restricts its potential as a diagnostic and procedural tool. Given current circumstances, an endeavour into implementing standardised teaching in post-graduate training would be worthwhile. The role of POCUS could prove useful in this COVID era, such as the potential to reduce clinician's exposure to the virus in the examination of COVID lung pathologies.

British Association of Perinatal Medicine and Neonatal Society

1462 OPTIMAL LEVEL AND BEVEL POSITION FOR ENDOTRACHEAL TUBES IN PRETERM NEONATES

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10.1136/archdischild-2021-rcpch.659

Background Most acceptable endotracheal tube (ET) tip position quoted in literature is between T1 and T2 vertebrae. Currently, there is no standards in term of optimal endotracheal tube bevel position in neonates.

Objectives Prevalence of right upper lobe collapse/consolidation (RUC) and its association with various ET bevel and level position.

Methods In this retrospective single center study (level 3 neonatal unit), chest radiographs of ventilated extreme preterm neonates (≤ 28 weeks) were reviewed for a period of two years (2019 and 2020). Data was collected for ET tip position, bevel position, presence or absence of right upper lobe collapse. Multiple X-rays taken on different days from the same baby were included for the X-ray analysis. We defined sub-optimal ET position when the ET tip is above T1 or at/below T3 vertebrae.

In our unit, we used the formula $6 + \text{body weight in kg}$ for fixing ET and always confirmed by chest X-ray. RUC is a discrete common lung pathology in preterm infants and hence used in his study. The project was registered with hospital authorities and approved by the audit department.

Results 429 X-rays from 104 preterm infants on mechanical ventilation were reviewed. After exclusion 419 X-rays were available for analysis (10: incomplete X-ray information). Mean birth gestational age in weeks and birth weight in grams ($\pm$ SD) were 25.9 ± 1.7 and 847.5 ± 248 respectively. Number of X-rays with (Sub-optimal) ET tip above T1 and $\geq$ T3 vertebrae were 58 (14%) and 128 (30.5%) respectively. There were 349 (83%) X-rays with ET tip bevel facing left side. There was 57 (13.6%) X-rays with definitive diagnosis of RUC. 21 (37%) cases of RUC occurred despite the optimal ET tube position. Odds ratio and statistics were calculated for RUC with bevel facing left and different ET position were calculated (table 1).

Limitations: Some of the preterm infants might have had persistent RUC in subsequent X-rays, which would have falsely increased the prevalence of RUC.

Conclusions In our study, 44% of ET were in sub-optimal position and commonly fixed with bevel facing left side

Abstract 1462 Table 1

ET Tip position with vertebrae body	Proportion of infants with RUC	Odds ratio	P-value
Above T1	7/58 (12%)	0.85 (0.31–2.0)	0.83
T1	10/59 (17%)	1.35 (0.57–2.9)	0.41
T1-T2 (intervertebral space)	1/43 (2%)	0.13 (0.003–0.83)	0.01
T2	10/86 (11.6%)	0.79 (0.34–1.7)	0.60
T2-T3 (intervertebral space)	8/45 (17.7%)	1.4 (0.54–3.3)	0.36
T3	11/65 (17%)	1.35 (0.59–2.9)	0.43
Below T3	10/63 (15.8%)	1.23 (0.52–2.7)	0.55
ET bevel facing left	50/349 (14%)	1.5 (0.63–4.1)	0.44
ET bevel facing left but excluding at or below T3	34/241 (14%)	3.9 (0.93–34)	0.05
ET bevel facing left but excluding above T1	44/305 (14.4%)	1.4 (0.54–4.2)	0.49
ET bevel facing left between T1 & T2	20/159 (12.5%)	3.88 (0.5–30.1)	0.20

(83%). RUC is commonly noted (13.6%) discrete lung pathology. Bevel facing left side in the optimal position could play a role in pathogenesis of RUC. Further insight is needed in terms of optimal ET bevel position. RUC could be reduced by placing the ET between T1-T2 (OR: 0.13 (0.003–0.83)).

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

1463 THE IMPACT OF CARING FOR A CHILD WITH A GASTROSTOMY – A SYSTEMATIC REVIEW

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10.1136/archdischild-2021-rcpch.660

Background Gastrostomy insertion in a child is the start of a long-term commitment. The physical benefits of a gastrostomy in ensuring adequate nutrition and growth are well recognised. Less well recognised are the social and psychological effects of gastrostomy insertion on the family caring for the child.

Objectives To determine the psychological and social impacts of a gastrostomy in childhood on carers and families.

Methods An electronic search of Medline and Embase was undertaken in September 2020 using a combination of the relevant subject heading (MeSH) terms, key words and word