again at age 3 years and was diagnosed with spastic diplegic cerebral palsy

Conclusions This case series report highlights the importance of neuroimaging as part of an assessment for children who otherwise have unexplained non-progressive motor impairment. Tubulopathy should be considered as a possible diagnosis for children with unexplained motor impairment. Specific genetic testing should be performed for confirmation.

British Association of General Paediatrics

1714 JUST IN CASE TRAINING

Petra Carroll, Denise Welsby. Great Ormond Street Hospital for Children NHS Foundation Trust

10.1136/archdischild-2021-rcpch.811

Background The Trust introduced Just in Case (JIC) training in 2014 in the ITU areas under the global PediRES-Q research study.

The initiative reinforced traditional annual resuscitation training, delivering refresher and preparatory training at the bedside to help staff become more focused and aware of essential skills and interventions that may be required for individual patients, meeting the learners needs when it arises, through collaborative learning with peers. It supports at the point where greater performance is required, promoting a confident and responsive workforce, providing a timely, child centric approach to the delivery of resuscitation skills at the bedside where all clinical staff can be engaged and appreciate the end goal of identifying those at risk of deteriorating and prevention.

Objectives To improve the recognition and enable early intervention and management of the acutely unwell child in order to prevent deterioration into cardiorespiratory arrest and rapid response in paediatric resuscitation by providing Just in Case training to clinical staff.

Methods In response to the impact of the Covid 19 pandemic, there were opportunities to extend the JIC training, bringing additional expertise, support and reassurance to all clinical areas but especially where Covid 19 patients were identified, increased acuity of patients, staffing levels where stretched, the PEWS >9, ward teams, Clinical Site Practitioner’s (CSP) or parents had identified a high risk of deterioration or collapse. Also, to support to staff redeployed from the North Central London Paediatric Network, ward based training regarding the Trust emergency response systems and familiarisation and use of Trust emergency equipment was delivered.

Success led to an extension of the initiative and collaboration with the CSP team and clinical staff, identifying JIC opportunities, including a refresher of the skills of effective bag-valve-mask ventilation, application of defibrillator pads and quality CPR. Reviewing emergency processes such as algorithms and protocols, highlighting situational awareness including bedspace preparation, role allocation and clinical decision-making is supported. Furthermore, expertise within the team encourages the staff to explore clinical conditions of patients, giving context to the disease process including support for modified approaches to resuscitation. Increased visibility in the clinical areas, has resulted in increased requests from staff for this training to develop their confidence, supporting the complex and progressive clinical needs of the child requiring a higher dependency.

Results

<table>
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<tr>
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<tbody>
<tr>
<td>Total 2222 calls attended by Clinical emergency</td>
<td>147</td>
<td>125</td>
</tr>
<tr>
<td>Team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiorespiratory arrests</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>Respiratory arrests</td>
<td>34</td>
<td>48</td>
</tr>
<tr>
<td>Unplanned admissions to Critical Care Units</td>
<td>158</td>
<td>168</td>
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<tr>
<td>Number of staff trained</td>
<td></td>
<td>384</td>
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</tbody>
</table>

Conclusions Aside from the earlier escalation and interventions, resulting in a decrease in 2222 calls overall and cardiorespiratory arrests, the positive impact of this additional bedside teaching has been very well received and praised by the staff in clinical areas, especially those caring for complex, high risk patients at the point of care and in context of the specific disease process.

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

1715 THE USE AND DIAGNOSTIC VALUE OF FOecal CALPROTECTIN LEVELS IN PAEDIATRIC POPULATION: A STUDY OF THOSE AGED LESS THAN 4 YEARS

Maximilliane Twum-Barima, Naina Emcy. Southend University Hospital

10.1136/archdischild-2021-rcpch.812

Background In children with inflammatory bowel disease, faecal calprotectin is commonly used as a non-invasive marker for diagnosis and monitoring of disease activity. Although there are well established cut off values for diagnosis of IBD in adults, this is less well studied in children, especially in children less than 4 years of age. In both primary and secondary care settings, faecal calprotectin requests are on the rise. This coupled with the lack of well-established reference ranges, results in unnecessary referrals, investigations and increased parental anxiety over raised faecal calprotectin levels.

Objectives The objective was to look at faecal calprotectin requests from primary and secondary settings in children less than 4 years of age, to identify common paediatric conditions that contribute to raised faecal calprotectin level. A secondary objective was to obtain evidence to provide guidance to local biochemistry lab on reporting faecal results in this age group.

Methods We liaised with the local biochemistry lab and obtained faecal calprotectin requests in the paediatric population between 04/01/2019 and 30/08/2019. 313 requests were made in children aged 0–16yrs during this period. Results for children less than 4 years of age were analysed based on source of the request (primary or secondary care setting), calprotectin level and final clinical diagnosis.

Results Out of the cohort studied (313), a total of 41 requests (13%) were made in children aged less than 4yrs. 78% of requests came from the primary care setting (32 out of 41)
and 22% from secondary care. In 61% (25 out of 41) of these children there was symptom resolution with no further interventions, and they were discharged back to their GP. 34% of children (14 out of 41) had an alternative diagnosis like constipation, infectious diarrhoea, or toddler’s diarrhoea. 1 patient in the group studied (3%) had a confirmed diagnosis of inflammatory bowel disease and they were already under specialist gastroenterology clinic. Of the group studied, the highest calprotectin level was 1660 (attributed to a campylobacter infection).

Conclusions The majority of faecal calprotectin requests comes from primary care setting. The value of this test as a diagnostic marker for inflammatory bowel disease is poor. If it is elevated, alternative diagnosis like constipation and infection should be considered. We propose that faecal calprotectin in children less than 4 years of age should only be requested in secondary care. If elevated, the test should be repeated after 4 weeks and if persistently elevated, children should be referred to Paediatrician with expertise in Gastroenterology. We also propose that the laboratory reports for elevated faecal calprotectin level should state the above plan and not mention the possibility of inflammatory bowel disease, as is currently done. We believe that this will help streamline specialist referrals, reduce unnecessary investigations and more importantly reduce parental anxiety.

RCPCH Trainees Committee

WELLBEING OF INTERNATIONAL FELLOWS DURING THE COVID PANDEMIC

1Sakeena Samar, 2Meissa Osman. 1Birmingham Women and Children Hospital Trust; 2Birmingham Womens and Childrens Hospital

Background The COVID 19 pandemic has affected our society adversely. The International Clinical Fellows have also faced the brunt personally and professionally. In the conundrum of mounting pressures of the pandemic and increasing patient workload the morale of the larger team needed some attention and boosting.

Objectives To address the concerns and challenges faced by the International Clinical fellows and provide a forum to make them feel heard. We wanted to include Pastoral support. We wanted to introduce a forum to share possible solutions and support

Methods We would have quick corridor conversations but in their brevity a sense of low morale was palpable. We formed a group as a social network and collected email ids from the International Fellows across the Trust.

We requested each member to briefly write points that they were concerned about and also compile positive opinions. We compiled these under various headings. A forum of the International Fellows was conceived and we all met virtually. Concerns ranged from workload disparity to lack of learning opportunities. Some of them were missing their Home as the Pandemic restrictions prevented them visiting families.

The positive opinions were that their teams were supportive and most believed that their colleagues were their new families. They were advised and mentored during these sessions. The minutes of this forum would be then taken to higher authorities in the Trust to address and acknowledge.

Results

An overwhelming feedback revealed how the Fellows appreciated this initiative. Their performance was enhanced and we had a happier lot of high performing International Fellows. They mentioned that they had a feeling of inclusion.