- Number of RR calls peaked in November in both years studied.
- Larger proportion of RR calls in 2019 were made from HDU areas compared with 2018
- As expected, the majority of RR calls were made out of hours.
- Larger proportion of RR calls in 2019 remained on the ward compared with 2018 – suggesting improved awareness of their early use in preventing emergency PICU/HDU admissions.
- 9% of unplanned PICU admissions in 2019 were not preceded by a RR or MET call- the majority of these occurring after direct consultant discussion in hours with a RR not required for appropriate escalation.

Conclusions Since their introduction, RR calls have become ingrained within the hospital and awareness of their use has risen. The number of calls increased from 2018 to 2019 with higher proportion of patients able to remain in a ward or HDU environment following RR. A number of changes to the RR paperwork were actioned as a result of the project to make outcomes of the reviews and ongoing plans clearer and easier to identify in the notes. We recommend ongoing audit of RR activity to continue to assess their impact on patient care and associated rates of unplanned PICU admissions within the hospital.

Paediatric Critical Care Society

1758

NEONATAL ICU NURSE SHADOWING PROGRAMME: EXPLORING NEW WAYS OF LEARNING IN PAEDIATRICS & INTENSIVE CARE (A PILOT STUDY)

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Background Holistic and multi-disciplinary care within paediatrics & child health is widely valued, and the intensive care environment is no exception. During a baby's journey in neonatal intensive care, the role of the neonatal nurse is vast and crucial to their wellbeing, offering a blend of skill, knowledge, and compassion to a vulnerable population of patients. As junior paediatricians, the focus of learning mostly revolves around medical diagnoses, resuscitation, and procedural skills. However, rarely do trainees get exposed to the untapped reservoir of knowledge that exists amongst our allied healthcare professionals, notably the neonatal nurses; even rarer is a formal, structured way to access this.

Objectives The benefits of shadowing experienced NICU nurses could be invaluable for paediatric trainees at the start of their career. The primary aim of this pilot study was to launch a new programme involving all senior house officers (SHO) in one 6-month rotation in secondary (Level 2) & tertiary (Level 3) neonatal intensive care. The goals were to add a new dimension to their neonatal education, improve their confidence in troubleshooting bedside problems, improve team cohesion and eventually improve patient care overall.

Methods During the 6-month rotation, every neonatal SHO had at least one day pre-allocated on the rota for 'Nurse Shadowing'. A specific timetable, devised in combination with Neonatal Nurse Educators, allowed supervised experience in caring for premature and term infants on NICU, assisting in

drug/trolley checks, and attending nursing meetings. SHOs were given an optional list of skills to observe (e.g. nasogastric feeding). Every trainee was also allocated a nurse mentor on the day. The impact of the pilot programme was analysed using anonymised questionnaires with Likert scale questions (1 = not confident, 5 = very confident), assessing their confidence in the 22 suggested skills before and after the shadowing days – a mean improvement in score for each skill was then calculated. The nursing team members also completed a tailored questionnaire to evaluate their experience of the days. **Results** Fourteen SHOs were enrolled in the programme. 14/14 (100%) of doctors would recommend the programme to future trainees, and 13/14 (93%) felt it improved their team-working and relationship with the nursing team. The three most valuable skills for trainees were setting-up a transport incubator (+2.9), using infusion pumps (+2.5) and ventilator/CPAP set-up (+2.2). In every skill assessed, the SHOs felt on average more confident after their experience. Certain skills however, such as iNO use (+0.3) and PN administration (+1.5), were less frequently observed. Seventeen neonatal nurses were involved, and 17/17 (100%) agreed or strongly agreed that participation was enjoyable, improved their rapport with paediatricians and that the programme would improve overall NICU patient care.

Conclusions This small-scale pilot programme has shown that structured nurse shadowing on an ICU can have promising impacts on paediatric education, as well as team cohesion and patient care, based on our staff's experiences. There has been interest from our local neonatal network to trial the programme elsewhere, with an ambition to expand it to paediatric/cardiac ICUs and Emergency Departments going forward.

British Association for Paediatric Nephrology

1759

EMOTIONAL MAPPING TO CAPTURE PATIENT AND FAMILIES EXPERIENCE AT DIAGNOSIS OF NEPHROTIC SYNDROME RELAPSE

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Background Renal disease care is not confined to tertiary centres. Nephrology teams provide expert advice within renal networks. Effective communication is paramount to ensure patient safety and positive experiences. But how do patients and families perceive being looked after by different teams? In 2020, RCPCH published Paediatrician of the Future, which includes an expectation paediatricians will be familiar with techniques to capture patient perspective. Emotional mapping is an innovative approach in exploring this and facilitating improvement across healthcare.

Objectives To use emotional mapping to illustrate a family's experience, while navigating NHS, during nephrotic syndrome relapse episodes.

Methods Carers of children attending nephrotic syndrome clinics were contacted in advance to explain the project and request participation. A healthcare professional met the family during their wait for appointments. Emotional mapping was used as a tool to facilitate an open, structured conversation, specifically exploring emotions during relapse episodes managed locally. The professional undertaking the interview

supported the carer to tell their story of own experiences. The positive and negative emotions were mapped along the journey. The encounter timeframe was 20 minutes. Feedback on the discussion was subsequently collected.

Results Negative feelings were predominant at the beginning of relapse. Modifiable triggers of negative feelings included: repeating past medical history and accessing prednisolone prescriptions. Treatment initiation was the main timepoint positive feelings emerged. The important role of specialist nurse was emphasised. The parent's trust in network communication was evident. Feedback on this exercise was that the parent felt heard and optimistic that improvement work is done. The unintended benefit was the invaluable learning experience for the interviewer.

Conclusions Access to nephrotic syndrome nurse specialist and to prednisolone prescriptions were identified as factors affecting the patient journey. Emotional mapping is a useful tool for understanding patient perspective, as well as a powerful learning experience for trainees.

British Society of Paediatric Endocrinology and Diabetes

1760

HYPOGLYCAEMIC EFFECT OF CLARITHROMYCIN IN AN ADOLESCENT WITH TYPE 1 DIABETES MELLITUS

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Background A 15 year old girl required a significant reduction in Insulin detemir dose on commencement of Clarithromycin for treatment of acne.

Objectives A case report describing a significant reduction in insulin detemir dose in order to self manage recurrent mild hypoglycaemia on starting oral Clarithromycin for acne, with no change in overall glycaemic control.

Methods A 15 year old girl with established type 1 diabetes described at routine review she had required to lower her insulin detemir dose by 33% (13 units), after starting oral clarithromycin 500mg daily for treatment of acne over the 3 months prior to the review. She has experience recurrent mild self-managed hypoglycaemia until lowering the dose. Her short acting insulin dose was unchanged at 33 units per day. There were no other changes to her medication, clinical condition or lifestyle. Routine screening tests according showed no abnormalities including recent negative coeliac screen.

Results The patients' glycaemic control was similar over the 6 month review period between reviews. HBA1C 48 & 54 mmol/mol. 2 week average blood glucose (Xpert BM meter) prior to each review was 8.3 & 8.8 mmol/l (SD 3.2 & 3.3 mmol/l). Mild Hypoglycaemic event had resolved with dose reduction. No serious hypoglycaemic events requiring 3rd party intervention or admission had occurred.

Conclusions This case demonstrates clear potential for clarithromycin treatment to require close monitoring of blood glucose control in patients on insulin detemir. Literature review showed few similar case reports and non in Children and young people. The effect appears to be due to clarithromycin and insulin detemir both being highly protein bound and the former able to displace the insulin increasing free insulin levels. Clinicians should be aware and counsel their patients and

their carers of this important potential interaction between 2 common paediatric medicines.

British Association of Child and Adolescent Public Health

1761

THE POVERTY PANDEMIC: START SEEING, SCREENING AND INTERVENING

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Background Before the COVID-19 pandemic, 4 in 10 children local to North Middlesex Hospital lived in poverty. Recent job losses, rising debt, bereavement and deteriorated mental health, all inevitably increase hardship. Poverty increases the risk of chronic diseases, mental illnesses, accidents and trauma. Surprisingly, families living in the west of Enfield and Haringey live almost 15 years longer in good health than those in the east!

Objectives We challenged our paediatric staff to start seeing poverty as a chronic health problem and not just a moral issue. By screening for poverty, as we do other health risks, we can identify and intervene for vulnerable families and offer them essential help.

Methods In July 2019 we explored paediatric doctors' awareness of the social determinants of health. Using quality improvement methodology we built upon our pilot project in Kingston Hospital. Barriers to screening and possible questions were discussed. Education sessions, email communications, text reminders and leaflets were shared regularly with paediatric staff. Surveys were planned to monitor staff progress and record families being signposted.

Results Barriers to screening for poverty included a perceived lack of time, inexperience, being unaware of resources and inadequate privacy during clinical assessments. In October 2019, only 10% of staff surveyed routinely screened for poverty. 13% felt they had sufficient knowledge of where to signpost families in need and 22% recalled giving social help in the preceding 3 months.

To improve these rates we devised change ideas:

- screening questions co-designed with parents,
- '123 fight inequality' leaflets of practical resources co-produced,
- presentations and workshops with local parents who had suffered hardship.

Despite these and regular communications to staff, poverty screening rates worsened during the pandemic. In October 2020 we re-launched Connected Communities (CC) and the provision of support workers within the hospital. Staff reported feeling empowered knowing that practical help would be given. A poverty screening guideline was drafted with case studies and recommended screening using framing like:

'Since the pandemic we know more parents are finding it difficult to pay bills/debts, afford food or find employment, - do you?' Or asking 'do you worry that your housing is affecting your child's health?' We delivered teaching together with CC support workers in February 2021.