commented that the scenario had helped them to understand how to amend the BLS algorithms in view of altered body shapes.

**Conclusions** This in situ simulation highlights the importance of addressing how techniques and guidance delivered in BLS courses has to be tailored to the child or young person, and yet, is not necessarily discussed in clinical areas. The impact of this scenario demonstrates the power of using in situ simulation to address gaps in collective team knowledge and experiences, and how guidance needs to be written to be inclusive and to maintain quality of care for all patients who use our services.

We aim to run this and similar simulation scenarios involving children with altered body shapes in order to constantly develop the multidisciplinary team skills.

### Quality Improvement and Patient Safety

#### 679 BEYOND THE DRUGS – PARENTAL PERSPECTIVES ON MANAGING MULTIFACTORIAL PAIN IN PAEDIATRIC PALLIATIVE CARE

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Background Management of pain in Paediatric Palliative Care can be complex and challenging, and for some children, a single pharmacological agent is not enough. This may be due to the coexistence of several types of pain; difficulty tolerating medications; difficulty describing the pain; and emotional or behavioural overlay. Managing these symptoms is challenging for the child, their carers, and healthcare professionals alike.

**Objectives**
- To explore the parental experience of multifactorial pain in children with palliative care needs.
- To identify effective communication techniques with children with multifactorial pain, and their parents.
- To review the management of multifactorial pain, both pharmacological and non-pharmacological.

**Methods**
A case-series of children (3 girls, age-range 2–8 years) known to the children’s hospice, with complex multifactorial pain were identified. Through an 8 item qualitative questionnaire allowing free-text entry, patient and family experience of pain, coping strategies, and communication techniques were explored. For each case, pharmacological and non-pharmacological methods of pain control were explored. A general inductive approach was used for thematic analysis.

**Results** Themes identified were:
- **Honesty** between children, parents and healthcare professionals. One child was very anxious about leaving her mother when she died. Her mother said ‘she keeps telling me that she doesn’t want to leave me, but we are not religious and I’m not sure what to say’. Age-appropriate communication about the end of life helped to reduce her agitation.
- **Listen** to parents about signs of pain. **Believe** parents if they say their child is in pain: ‘Even if you don’t see the pain, don’t discount it.’ Being made to feel like they are ‘making up’ pain, is frustrating and demoralising. One parent was told – ‘this type of tumour isn’t painful’.
- Being able to respond to breakthrough pain is empowering for parents. So is **advocating** for their child: ‘Whilst I have no control over the fact that she will die from this in the near future, I can advocate for her to be as comfortable as possible, with as little pain and as little emotional distress as possible.’
- The value of **distraction**, but also the awareness that this may be challenging to provide at home. Limiting sensory

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