agreements in place, assigned for their use in primary care. Only one item from the 'amber-3' category (melatonin 2 mg modified-relates tablets) had no shared agreement in place. None of the included items was classified as 'red'.

The highest volume of prescribing was for paediatric renal (62.2%, 135/217). The total cost incurred to the hospital for all items included in the study was £35,331.

Conclusion There is still hesitancy among general practitioners to prescribe medications for paediatrics in primary care that they can be clinically responsible for despite the emergence of new guidelines and resources to support primary care in taking on prescribing. This has a significant impact on hospital pharmacies both in terms of activity and finance and it is also making it more complex for arranging medication supplies. If those medicines were prescribed appropriately, considerable cost savings could occur in secondary/tertiary care which could be used to provide other important specialist paediatric services.

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P30 IMPROVING THE DOCUMENTATION OF PAEDIATRIC HEIGHT/LENGTH FOR INPATIENTS

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Aim Pharmacists and dieticians are among the health care professionals who have identified a problem relating to the inconsistent recording of heights in paediatric patient notes. The Trust's guideline 'Growth – Standard for the measurement of weight and height/length in children identifies that 'all children attending hospital must have their weight and height/length measured'.[1] Height is required to calculate a number of parameters, including renal function and risk of malnutrition. It is necessary for the calculation of adjusted prescribing weights for overweight or obese patients.

This project aimed to improve the percentage of heights being recorded in an appropriate place by introducing a poster to all wards within the hospital.

Method All wards in the hospital were included in the audit. Baseline data was collected 8-9th February 2021. The poster was implemented from the 2nd March 2021 and a patient safety alert was circulated to staff during the week beginning 1st March 2021. Data was then recollected on 22nd March 2021.

As outlined in the trust guideline, data was collected from: the front of the drug chart; the 'Core Screening Tools for Children and Young People for inpatients' document; and the World Health Organisation (WHO) Growth Chart recorded on our electronic record 'Evolve'.

Results The percentage of patients with height recorded on the drug chart at baseline was 8.3%. This increased to 16% post-implementation. The percentage of patients with height recorded on the Core Screening Tool was 33.3%. This increased to 42.5% post-implementation. The percentage of patients with height recorded on Evolve at baseline was 22.2%. This decreased to 20.8% post-implementation.

Conclusion The post-implementation data collected would suggest that the poster has had a positive effect on improving the number of heights recorded for paediatric inpatients. There was a 93% increase in the number of patients with height recorded on their drug charts and a 28% increase in the number of patients with height recorded on the Core Screening Tool following implementation of the intervention.

This shows an overall improvement in the recording of heights on drug charts and core screening tools, although there was a decrease in the percentage of patients with height recorded on Evolve. The use of Evolve was investigated during the data collection and it was identified that there is a lack of training on how to enter heights on the Evolve system and this may explain the low numbers of heights recorded using this system. Further Evolve training for staff would help to correct this issue and after consultation with the nurse education team, this has been added to the training programme for new nurses starting in the hospital.

Improvement has been shown over this short period of time, with the increase in the percentage of heights documented for inpatients, although we are still a long way from the target of 100%. Further work is being carried out within the hospital with the aim that this information is consistently provided, thereby improving patient care.

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P31 OPTIMISATION OF SMART-PUMP DRUG LIBRARY FUNCTIONALITY – SUPPORTING NATIONAL STANDARDISATION

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Aim To optimise smart-pump functionality as part of an ongoing multi-phase project to develop a national smart-pump drug library of standard concentration infusions (SCIs) suitable for paediatric and neonatal patients in paediatric, maternity and adult hospitals.

Method Multidisciplinary working groups with representation from paediatric, neonatal and adult intensive care units (ICUs) were established. Agreed lists of SCIs for separate neonatal and paediatric drug libraries were developed. A paediatric SCI drug library, originally developed by the lead site in 2012 containing 42 drug lines (primarily continuous infusions) within a single care-unit, was used as the primary reference source. A Microsoft Excel® SCI flow rate calculator was developed which allowed comparison of traditional infusion practices against hypothetical SCIs. Acquisition of drug library content management system (CMS) by the lead site facilitated exploration and optimisation of CMS functionality and library architecture supporting comprehensive drug library