

fluids were most commonly programmed outside of the drug library. The most common deviations involved use of the incorrect care unit. The 9-month audit is ongoing.

Staff satisfaction survey was completed by 140 staff 3 months post implementation. 80% of staff surveyed agreed the drug library was easy to programme, with 84% agreeing that the drug library enhances patient safety and 89% considering education was good/excellent. Phase 2 (9 months' post implementation) is ongoing.

Conclusion Cross-site collaboration has enabled wide scale implementation of internationally recognised best practices for the safe administration of IV medications across the four paediatric sites of a large paediatric hospital group.¹⁻³ Feedback provided to the smart-pump team and local pharmacy and nursing teams has facilitated ongoing development of education and training needs and drug library content. Training continues to be offered to all new staff, with local refresher training available on request. Dedicated nursing resources are an essential component for successful implementation of smart-pumps at an organisational level.

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SP5 PARENT-LED ADMINISTRATION OF MEDICINE ON THE NEONATAL UNIT

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Background Medication administration is a high risk and error prone task for the trained healthcare professional,¹ however, there is little emphasis on training parents how to administer medications until the point of discharge.²⁻⁴ The transition from the neonatal unit to home is an anxious and stressful time for parents and 'one has to question the amount of learning that actually occurs when important information is taught under these circumstances'.²

Aim Explore current practice and the concept of parent-led administration of medication on the neonatal unit to determine if parents feel adequately prepared for the transition to home.

Method A case study approach using mixed methods explored the perspectives of neonatal parents and healthcare professionals. The views of both parties on parent-led administration of medication were identified and quantified using a web-based questionnaire, followed by a qualitative virtual focus group. Participants were recruited from a single research site.

Results A total of 50 neonatal parents participated in the study (44 questionnaire; 6 focus group). Two thirds of questionnaire respondents (65.9%, n=29/44) reported some degree of stress with administering medication, and focus group participants described how inconsistent advice contributed to their

stress. Although parents involved with medicine administration were less likely to feel stressed, their involvement was limited to administering pre-measured doses. Two thirds of neonatal parent participants (65.9%, n=29/44) suggested introducing parent involvement early in the neonatal journey.

A total of 64 healthcare professionals participated in the study (60 questionnaire; 4 focus group) which mostly comprised of neonatal nurses (70%, n=42). Despite acknowledging that parents should take an active role in their baby's care, healthcare professionals expressed concerns around the practicalities and accountability of parents administering doses whilst in the healthcare setting. Just over a quarter said it was safe for parents to administer medicines while on the neonatal unit but that it was dependent on the drug. Healthcare professionals identified that clear guidance was needed to promote change and allay concerns around relinquishing control with the task of medication administration.

Triangulation informed the development of a family-centred protocol for parent-led administration of medication. The protocol provides the neonatal healthcare professionals with a unified and safe approach to parent-led medication administration.

Conclusion This study established that current practice with medication administration on the neonatal unit is nurse-led and identified a cautious support for parent-led administration of medication from the healthcare professionals. Although the small sample size limits the generalisability of the findings beyond the research site, this study suggests for the first time, a family-centred protocol for parent-led administration of medication that provides a clear framework for healthcare professionals to facilitate parent participation whilst ensuring patient safety. Further research is needed to test the feasibility of the protocol.

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SP6 COMMUNITY PHARMACY SERVICES AVAILABLE FOR CHILDREN IN ENGLAND

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Aim Community pharmacy (CP) has a vital place within a network of health service providers in the local community. Several government-led initiatives have been introduced in England to further strengthen their role in public health; including children and young people.¹⁻² Few studies have explored parents/carers' and young people's experiences in using CP services and little is known about the utilisation of CP services for children and young people.³ This study aimed to identify the experiences, opinions, and recommendations of