

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.

REFERENCES

1. Institute for Safe Medication Practices, ISMP. Guidelines for Optimizing Safe Implementation and Use of Smart Infusion Pumps 2020. Available at: <https://www.ismp.org/guidelines/safe-implementation-and-use-smart-pumps>
2. Royal College of Paediatrics and Child Health (RCPCH)/Neonatal Paediatric Pharmacists Group (NPPG). Standardising intravenous infusion concentrations in children in the UK 2021. Available at: <https://www.rcpch.ac.uk/resources/standardising-intravenous-infusion-concentrations-children-uk>
3. American Society of Health-System Pharmacists, ASHP. Standardize 4 Safety 2018. Available at: <https://www.ashp.org/pharmacy-practice/standardize-4-safety-initiative>

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.

REFERENCES

1. Nguyen M-NR, Mosel C, Grzeskowiak LE. Interventions to reduce medication errors in neonatal care: a systematic review. *Ther Adv Drug Saf* 2018;**9**:123-55.
2. Griffin T. Applying the principles of family-centered care to the discharge process. *J Perinat Neonat Nurs* 2006;**20**:243-9.
3. Berman L, Raval MV, Ottosen M, Mackow AK, Cho M, Goldin AB. Parent perspectives on readiness for discharge home after neonatal intensive care unit admission. *J Pediatr* [Internet] 2019;**205**:98-104.e4. Available at: <https://doi.org/10.1016/j.jpeds.2018.08.086>
4. National Health Service (NHS) and Department of Health (DoH). Toolkit for High-Quality Neonatal Services (October 2009) [Internet]. 2009 [cited 2020 Sep 6]. p. 1-106. Available at: <http://www.londonneonatalnetwork.org.uk/wp-content/uploads/2015/09/Toolkit-2009.pdf>

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

parents/carers and young people (16-18 years) about their use of CP services for a child-related matter.

Method One-to-one interviewer-administered questionnaires (IAQs) were conducted at four community pharmacies in London, England, over a one-month period. Clients [parents/carers or young persons (aged 16-18 years)] who visited the CP for a child-related matter were invited to participate in the study. Two IAQs were conducted with each participant; 1) pre-consultation: before being served by CP staff (Pharmacists and support staff); 2) post-consultation: immediately after being served. Interviews were audio-recorded and transcribed verbatim. Data were analysed both quantitatively using SPSS Statistics software (version 25) and qualitatively using NVivo software (version 12). Thematic analysis was used to identify themes.⁴

Results 428 eligible clients were invited to take part in the study, of these, 249 agreed to participate and completed the two interviews; response rate 58.2% (249/428). Out of the 249, 8.0% (n=20) of them were young people aged 16-18 years.

The majority of participants (82.3%, 205/249) reported positive experiences with using the CP. Many of the participants (44.6%, 111/249) preferred the general practitioner (GP) as a health provider for minor illnesses, while 35.7% (89/249) would choose CP. A third of participants (33%, 82/249) had visited an emergency department in the last 12-months, of these 13.4% (11/82) were for cold-and-cough reasons. Where a child was present with parents/carer (51.4%, 128/249), there was a low level of interaction between children and pharmacy staff (13.3%, 17/128).

Participants identified the lack of awareness about the services that CP provides for children and the privacy as barriers preventing them from using CP services for child-related matters. Advertising of CP services and creating a child-friendly environment were participants' recommendations to increase their use of CP services for child-related issues.

Conclusion This study showed that parents/carers and young people are not using the CP services to their full potential for children's health issues despite the various initiatives attempting to raise awareness of CP services. There is a need for more efforts to raise the awareness of the public about the CP services provided for children.

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REFERENCES

1. National Pharmacy Association. Ask Your Pharmacist Campaign 2019. Available at: <https://www.npa.co.uk/ayp2019> [accessed 12th Jul 2021].
2. NHS England. Stay Well Pharmacy campaign. Available at: <https://www.england.nhs.uk/primary-care/pharmacy/stay-well-pharmacy-campaign> [accessed 12th Jul 2021].
3. Gray N, Shaw KL, Smith FJ, et al. The role of pharmacists in caring for young people with chronic illness. *Journal of Adolescent Health* 2017;**60**:219-225.
4. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology* 2006;**3**:77-101.

SP7

WHAT SHOULD YOU ANTICIPATE AND PREPARE FOR DURING A PANDEMIC – CONVERSION OF A PAEDIATRIC INTENSIVE CARE UNIT TO AN ADULT INTENSIVE CARE UNIT – A PHARMACY PERSPECTIVE

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Aim On 12 March 2020, the COVID-19 outbreak was declared as a pandemic by the World Health Organisation.¹ During this time, paediatric services saw dramatic reductions in children accessing emergency care and routine operations were cancelled, which enabled the paediatric intensive care unit (PICU) team to support the adult critical care expansion by repurposing paediatric beds to open an adult intensive care unit (AICU). Here we describe the pharmacy experience, challenges and learning outcomes faced in converting a PICU to an AICU.

Method A trust-wide multidisciplinary critical care tactical group including pharmacy representation was established to coordinate strategy planning, troubleshoot operational and clinical difficulties, and manage communications on a wider scale. Within pharmacy, clinical and operational lead pharmacists led the pharmacy response and supported the front-line pharmacy teams to coordinate and make quick informed decisions to daily challenges. The challenges were made even greater by the need to co-deliver a mixed paediatric/adult unit meaning we had to ensure the safety of both the adults and children receiving medicines.

Results Paediatric pharmacy staff were upskilled by the adult critical care pharmacy team, extrapolating existing PICU knowledge and experience and expanding on key differences, as well as offering weekly shadowing opportunities. The use of a mnemonic pharmaceutical tool to review patients enabled paediatric pharmacists to ask the right questions and ensure medicines were managed appropriately. In addition, a quick reference guide to common adult drug doses, bite size educational sessions and use of an app called Clinibee[®] were developed to disseminate important adult learning points and new guidance. The PICU electronic prescribing system Metavision[®] was adapted and configured for adult dosing and administration. To reduce prescribing errors and improve safety, doctors on the unit were assigned to either managing adults or paediatric patients. Further informatic changes were required in real time in response to drug supply chain and equipment shortages and changes in clinical policies. A risk assessment of adult medicine stock holding, including high-risk medicines and location of them on the unit helped reduce the risk of mis-selection. Extra nursing support was provided by pharmacy by manufacturing ready to administer injectables and existing medicines management policies adapted. Regular check-ins and staff huddles kept staff updated and provided support where needed.

Conclusion Providing an AICU on PICU was one of the biggest challenges ever faced but provided excellent cooperation and collaboration between pharmacy teams. PICU pharmacists have a strong foundation of ICU knowledge to enable them to be redeployed to AICU. Strong clinical and operational leadership is required to navigate uncertain times when staff are working outside their normal practice. Good communication is vital, both upwards, downwards and to the front line to ensure safe ways of working. Resilience planning including staffing, drug and equipment shortages ensured that resources were prioritised. Teamwork with a dedicated focus on well-being enabled staff to be supported where needed and ensured our patients received the most clinically effective care.

REFERENCE

1. World Health Organization. Who announces COVID-19 outbreak a pandemic, 2020. Available: WHO/Europe | Coronavirus disease (COVID-19) outbreak - WHO announces COVID-19 outbreak a pandemic, accessed 13/8/21