

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.<sup>4</sup>

**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

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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.<sup>1</sup> 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<sup>®</sup> were developed to disseminate important adult learning points and new guidance. The PICU electronic prescribing system Metavision<sup>®</sup> 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

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