**Abstract 1261**

**Figure 2**  Discharge practices/post-intervention

*Respiratory team includes medical and CNS members*

**Results**

28 children were admitted in November 2020 with acute wheeze, and 37 children were admitted post-intervention in November 2021. Results pre & post-intervention are summarised in figure 2. Post-intervention, approx. 40% more patients were reviewed by the asthma team in hospital, and approx. 60% more children were provided with a written personalised asthma plan. The first audit cycle identified variable practice in advice given regarding salbutamol use at discharge. Local guidance was changed in line with GINA recommendations, and post-intervention, the use of salbutamol weaning regimes fell by ~85%.

**Conclusion**

Implementation of a standardised discharge bundle for acute wheeze improved compliance with BTS discharge guidance, in all areas measured, with the caveat that pre-intervention practice may have been influenced by the Covid-19 pandemic. Our expectation that this significant increase in clinical workload will translate into better outcomes (e.g., reduced exacerbation/admission rates, improved symptom control), and we plan to examine this in future.

**REFERENCES**


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**Abstract 1308**

**Table 1** Clinical characteristics of Omicron positive neonates

*Abbreviation: cef- Cefotaxime, Amx: Amoxicillin, Neg, Negative*

<table>
<thead>
<tr>
<th>Age (days)</th>
<th>Clinical presentation</th>
<th>Duration of Antibiotics</th>
<th>CRP</th>
<th>Liver function</th>
<th>LUMBAR POSITIVE</th>
<th>N/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>High fever, vomiting</td>
<td>48 hrs, Cefotaxime</td>
<td>+</td>
<td>Neg</td>
<td>None</td>
<td>N/NA</td>
</tr>
<tr>
<td>11</td>
<td>High fever, rash</td>
<td>48 hrs, Cefotaxime, Amx</td>
<td>+</td>
<td>Neg</td>
<td>None</td>
<td>N/NA</td>
</tr>
<tr>
<td>8</td>
<td>Reduced feeds, bilirubin, jaundice</td>
<td>All labs, Cefotaxime</td>
<td>+</td>
<td>Neg</td>
<td>None</td>
<td>N/NA</td>
</tr>
<tr>
<td>204</td>
<td>No history, abdomen</td>
<td>None</td>
<td>N/NA</td>
<td>N/NA</td>
<td>None</td>
<td>N/NA</td>
</tr>
<tr>
<td>23</td>
<td>High fever, jaundice</td>
<td>All labs, Cefotaxime</td>
<td>-</td>
<td>Neg</td>
<td>None</td>
<td>N/NA</td>
</tr>
<tr>
<td>20</td>
<td>Reduced feeds, vomiting</td>
<td>All labs, Cefotaxime</td>
<td>-</td>
<td>Neg</td>
<td>None</td>
<td>N/NA</td>
</tr>
</tbody>
</table>

**Conclusion**

Summary Clinical characteristics of neonates admitted to PAU who tested positive for Omicron variant were variable and included high temperature (4 out of 7), reduced feeds (3 out of 7), mottled appearance (2 out of 7) and jaundice. Majority of these neonates received broad spectrum antibiotics for first 48-hours and they remained well since admission. The CRP in majority (5 out of 7) of these neonates was within normal range. All 7 neonates were discharged home with none requiring escalation of care.

**Conclusion** Our retrospective observational study data suggests Omicron variant being associated with milder disease severity although it is a small single centre study with limited sample size.

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**Abstract 1343**

**Care Flow Connect: ‘Paper Out of Pocket Campaign’ – Use of Technology to Ensure SBAR Handover**

M Low, D Kumari, K Effendi, M Mikhail, I Dreghici, J Prathapan, C Levy, S Chiesela, D Rogers, G Margabanthu. Kettering General Hospital(KGH) Paediatric Team

**Aims**

Handover has great variability across the teams. Consistency of team handovers with SBAR approach has been well emphasized. Effective handovers relate positively to patient safety.
The clear system approach ensures consistency and standard of practice across the teams between change overs to provide seamless excellent patient care.

Objective Our Paediatric team wanted to ensure effective consistent handover with use of technology supported by the trust and join in the ‘paper out of pocket’ campaign.

Methods Careflow connect was used for handover in March 2020, there were a few engagement sessions introduced to help the team to be trained and engaged in the process. Quality Improvement pillars were used to help the team address barriers of change and effectively embed the change in practice around handovers. (Figure-1 and figure-2)

COVID meant that team handovers were individual number restricted in each room to limit exposure. Technology wave at KGH helped explore and embrace the new SBAR approach to practice around handovers. (Figure-1 and figure-2)

Conclusion The Careflow connect process since its introduction with the Covid Technology boom in Healthcare has ensured safe and effective patient care; driven by SBAR based consistent and clear handover process. Introduction of white boards on the ward, since Feb 2021 has helped focus consistency in process and change as a team. Strengthening change was achieved with positive team attitudes, behaviours and engagement. Visibility of QI methods, timely and ease of access to technology was a driving force for effective patient care. Patient safety was positively influenced by effective handover of care processes between teams with paper out of pocket.

Abstract 1343 Figure 1

Results
- Effective handovers with social distancing was maintained. It helped maintain closed clear communication loops and minimized error. It offered clarity in the content of information shared consistently across teams. Tertiary care conversations were captured effectively and documented.
- The process was well embraced with medical teams, 50% nursing staff felt it was easily accessible however some still had a concerns about network connectivity. Paper was out of pocket with handovers.
- Challenges were the need for training with skill updates, access and connectivity issues and protected time to update handovers.
- QI process helped raise the awareness within the Team with use of surveys to review practice, to build consistency and share good practice.

Abstract 1343 Figure 2

Conclusion Overall clinical approach to children with bronchiolitis was in line with the guidelines. However, a significant percentage of patients underwent unnecessary investigations and treatments. Antibiotics were prescribed in a high percentage (26%) of cases. Moreover, the hospitalization and re-admission rates were significantly high. A clinical assessment tool made readily available in ED may help in improving the assessment and management of these patients.