advanced care planning, in particular in decisions regarding treatment limitations.

Parents describe a reluctance to make specific decisions in advance and, if agreeing to treatment limitations only do so because they know that they can revoke the decision. Moreover, most parental values described above pull parents in the direction of prolonging life. Only actual (or expected) suffering leads parents to agree to treatment limitations. Consistent with this finding is that parents whose child experienced a prolonged PICU admission feel that not speaking about treatment limitations after their child recovered is a missed opportunity that could have prevented further intensive treatment.


Conclusion Parental ethical decision making is contextual rather than based on principles. It is important to take this into account when engaging parents in discussions regarding treatment limitations.

568 FACILITATING REGIONAL EDUCATION IN PAEDIATRIC PALLIATIVE CARE: A DIGITAL SUCCESS
Charlotte Holland, Alison Pearce, Sue Lakie. Helen and Douglas House Children’s Hospice

To explore the requirements, then create and deliver education in children’s palliative care within the Managed Clinical Network (MCN) for Buckinghamshire Oxfordshire and Berkshire, considering continued restrictions on face-to-face group size due to COVID-19 and increasing need for virtual methods of education that facilitate learning.

Methods Two groups were identified to run pilot education programmes within the region.

The first was a group of three Band 6/7 outreach nurses in paediatric palliative care working towards specialist level/prescriber status through Helen and Douglas House Hospice. A curriculum was devised based on national guidance and self-identified learning needs covering over 20 divided into mini-series of 2-5 sessions. Teaching is delivered weekly for 30-45 minutes, facilitated through a virtual meeting room using Microsoft Teams and interactive workshops through a Moodle platform course.

The second was the development of a series of five ‘webinar’ style sessions to introduce the concepts of paediatric palliative care, delivered to interested nurses from acute, ward and community teams across the region. This identified learning need came through a local collaboration group comprising paediatric and neonatal intensive care, oncology, hospice and community teams across the region. This identified learning need came through a local collaboration group comprising paediatric and neonatal intensive care, oncology, hospice and community teams across the region.

Results Outreach nurses consistently reported 5/5 on a Likert scale of usefulness for each mini-series developed. They enjoyed the mixture of learning styles, including case discussion, communication skills, short videos, interactive elements and using resources to answer specific questions. It was an advantage to get instant feedback on correct or ‘ideal’ answers. They felt that weekly sessions of 30-45 minutes with group size of 5 or fewer participants was optimal for learning.

About half of those who signed up to the webinar series pilot attended the event in person, with a further percentage accessing recorded material post-event. It was well-received as an introductory series level with 88% giving it a 4 or 5* rating for usefulness, and 84% saying they would be likely to join for further sessions (the remaining 16% were ‘not sure’ depending on specific topic or timings). Attendees enjoyed the ‘chunk-style’ of information rather than a more overwhelming full day, use of patient stories and case discussion. They found the length of session and evening timing acceptable.

Conclusion The project has attracted Hospice UK funding as part of an MCN grant and is being presented as an option for education on a wider regional footprint through NHS South-East England.

Multi-media and innovative approaches enhance the digital education experience for the learner, meaning they are more engaged despite the virtual environment. Targeted paediatric palliative care education can be meaningfully delivered in mini-series delivered in short sessions. Further development of a virtual platform to enable education to a wider reach across the region is desired, with a blended approach of virtual face-to-face and supporting resources.

587 APPROACH TO BLEEDING IN A DYING CHILD
Pravin RR. Cardiff

Aims To discuss the common aetiologies of bleeding in paediatric palliative care, management and to discuss about the decisions made in the approach to bleeding in a child at end of life.

Methods This is an educational poster which looked at paediatric palliative care resources for the causes of, management of bleeding in a dying child and discusses the ethics behind transusions for the dying child.

Results There are many causes of bleeding in a dying child which may be related to underlying malignancy, treatment related, or related to other aetiologies such as liver or renal disease. Management can be tailored to the management of the bleeding episode and adjuvants (non-pharmacological & pharmacological).

Conclusion Bleeding in a dying child is never easy for the parents, the child & the physician. Bleeding can be multifactorial & appropriate treatment according to the reason for bleeding can be instituted. However, thoughtful palliative care needs to be practiced to determine if the child will always benefit from the treatment.

750 SYMPTOM CONTROL WITH PALLIATIVE CHEMOTHERAPY AND RADIOThERAPY IN PAEDIATRIC PATIENTS WITH CANCER IN A TERTIARY CENTRE
Anne Haddick, Robert Johnston. Royal Belfast Hospital for Sick Children

Aims Radiotherapy and chemotherapy have been used for many years to try and reduce symptoms in palliative cancer patients. Important considerations for Clinicians to consider...