did not know where to locate the ANH guideline and did not consult these for management. Only 20% knew where to find the patient information leaflet, and none knew where to find the proforma. None of the trainees that responded had provided parents with information leaflets.

83% of trainees felt guidelines should be made more accessible and 83% would have liked a teaching session on ANH.

Conclusion Development of a guideline with clear pathways and a quick guide for SHOs to refer to has resulted in most babies with ANH receiving appropriate postnatal management. However, our review highlighted the need for improving trainee knowledge regarding the condition and the pathway to be followed, and thereby improving patient experience.

Changes implemented include making the guideline and patient information leaflets more easily accessible, and delivering a teaching session on ANH to new trainees. Following on from this, we are in the process of collating data to determine whether improvement has occurred.

Abstracts

464 PILOT STUDY OF THE IMPLEMENTATION OF CARE MAPS FOR FAMILIES WITH A CHILD WHO HAS COMPLEX HEALTH NEEDS

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Aims

Background Complex health needs refers to the unique multidisciplinary health and social care needs of an individual.

This needs impact on both the patient and their families; this is more apparent in paediatrics, where they must adjust their care duties.

Boston Children’s Hospital designed a tool called: The Paediatric Integrated Care Survey, and made use of care maps to help better coordinate care.

This pilot study was designed with the aim to assess whether:

- The questionnaire was appropriate for use in the Sheffield Children’s Hospital
- Care maps showed promise as a useful tool for both families and those involved in the child’s wellbeing.

Methods

Method The Paediatric Integrated Care Survey was used to interview a parent of a child with complex needs. A medical student undertook three on inpatient wards, and two were recorded and transcribed. They were also asked if the questionnaire felt appropriate.

Care maps were then discussed, using the self-produced example attached (see figure 1):

- The purpose of them
- How it feels to complete one
- If they would be helpful.

Results

Using the questionnaire appears to be appropriate in this setting. Transcripts from the interview provided the following themes:

- The difficulties for the child
- The difficulties for the parent
- The family unit
- Their service providers

They found care maps • Easy to produce alone
• Provide a better understanding of their child’s priorities

- Display who is involved in their care
- Were a digestible form to inform care providers of the complexity of their child.

Conclusion

Implementing a way for this map to be accessible would allow better integration of care. It should also be possible to update it when priorities of needs change.

A larger study should be conducted in order to see the full impact care maps could have with the coordination of care and how this helps their family.

REFERENCES


509 ROLE OF BLOOD GAS BILIRUBIN MEASUREMENTS AND TREATMENT FOR NEONATAL JAUNDICE IN NEONATES

Naveed Alam, Mona Sidahmed, Sonal Kapoor, Muhammad Nadeem, Mehul Kumar Joshi. Leicester Royal Infirmary

Aims Hyperbilirubinemia is common in the first week of life with 60%–80% of babies developing jaundice. Though usually uncomplicated, untreated hyperbilirubinemia can lead to irreversible neurological injury. Prevention of bilirubin-induced neurological dysfunction includes universal risk factor and clinical assessment with Total serum bilirubin assessment. Point of care testing has the advantage of rapid bedside results, improving outcomes. Bilirubin measurement is available via blood gas analysers in most children hospital emergency departments and on the wards. Studies have shown good accuracy and precision of blood gas bilirubin compared with standard serum bilirubin assessment. Children’s Hospital at Leicester has been using Gas Bili as well as Serum Bilirubin