Glycopyrronium bromide is a synthetic quaternary ammonium anticholinergic agent with poor blood–brain barrier penetration and consequently has limited central effects. The oral formulation was approved as a licensed product in the UK in 2016 to treat drooling in children aged 3–16 years.

Introduction Sialorrhea (chronic pathological drooling) may present in children and young people with a neurological disorder, such as cerebral palsy. Chronic drooling is the unintentional loss of saliva from the mouth. Although drooling is normal in infants, it usually stops by 15 to 18 months, and is considered pathological if it is present after 4 years. The prevalence of moderate-to-severe drooling in children, young people and adults with neurological conditions, particularly cerebral palsy, is estimated to be between 10% and 37%.

Methods A telephone interview was conducted using the drooling impact score, drooling score was compared when child was on hyoscine and change noted after changing to glycopyrronium.

Results 17 children who had been switched from hyoscine to glycopyrronium were included in the audit, 15/17 agreed to participate in the audit. The age range 2 ½ yrs to 13yrs. The majority of the children had CP (73%), other diagnoses included ataxia telangiectasia, pontocerebellar hypoplasia, congenital CMV and ASD/ADHD. 80% had difficulty with mobility, 93% had some form of speech impairment, all of them had a degree of learning disability, 66% had epilepsy.

The drooling scale included ten criteria 1) How frequently did your child dribble? 2) How severe was the drooling? 3) How many times a day did you have to change bibs or clothes due to drooling? 4) How offensive was the smell of the saliva on your child? 5) How much skin irritation has your child had due to drooling? 6) How offensive was the smell of the saliva on your child? 7) How embarrassed did your child seem to be about his/her dribbling? 8) How much do you have to wipe or clean saliva from household items, e.g. toys, furniture, computers? 9) To what extent did your child’s drooling affect him or her life? 10) To what extent did your child’s dribbling affect you and your family’s life?

Retrospectively carers gave a score between 1-10 for each medication. The most common side reported was dry skin (better than when on hyoscine) and thick secretions, none of them had worsening seizures, due to the disability majority of them were unable to comment about altered taste, 2/15 reported visual changes.

All of them opined they had less washing to do.

Almost all the parents opined that glycopyrronium was better at controlling the drooling, in 2/15 the efficacy had worn off.

Conclusion This was a retrospective audit in a small number of patients showing glycopyrronium to be more effective than hyoscine, with no major side effects. Data looking at larger numbers is needed to confirm our results.

Aims Solent (West) NHS Trust community paediatric medical team includes doctors and nurses working across two local authorities, six healthcare localities and several special schools.

It has only around six new staff annually. Consequently, no ‘handbook’ existed so departmental inductions were inconsistent and inefficient. Non-clinical information was accumulated ad hoc by ‘word of mouth’.

Trial and error information gathering leads to stress, unpredictable knowledge gaps, standard clinical processes and wasted departmental time.

Objectives As a team where quality is key, this initiative aimed to improve new starter experiences by enabling rapid accurate access to non-clinical departmental information.

The digital resource also aimed to communicate and facilitate work processes whilst empowering all team members to maintain the collective knowledge base.

Methods The Covid-19 pandemic led to NHS use of an updated version of Microsoft Office, thereby providing OneNote application access.

OneNote is an online easy navigation filing system with a traditional paper notebook interface. Notebooks can be personal or shared, with sectional subdivisions and pages that can expand as required.

Cloud-based technology gives secure access without need for back-ups. It automatically saves and syncs notes written in free text and embeds the user’s selected attachments or images seamlessly.

‘PAEDIAWiki’ is a shared OneNote created by four community paediatricians utilising several data sources. The ‘Welcome’ launch page has a mailbox so anyone can upload new non-clinical information. A designated creator regularly monitors and integrates updates within the notebook pages.

Sub-sections include: Solent Trust operations, regional child and family services, community paediatric departmental operations (Who? Where? When? What? How?), office working procedures and professional aspects of our jobs.

A word or phrase can be entered into the search box: results will include any page across all OneNote notebooks that a user has access to. A choice is then made towards the most appropriate answer within seconds.

The Wiki PAEDAlink was ‘launched’ with an in-person demonstration to new starters, and a virtual demonstration to existing staff via Microsoft Teams.

Results PAEDIAWiki creation involved approximately 1 PA per creator (x4) and two virtual meetings of an hour each. One creator spent a further 3 SPAs organising the final content.

Housekeeping requirements are minimal as the non-clinical data changes rarely.

Anecdotal staff feedback has been very positive.

New starters have found their feet at work far quicker, as perceived by their supervisors, and as reported by themselves when compared with starting other jobs.

More permanent clinical staff have discovered up to date departmental processes thereby improving patient journeys through our services.

Building on this success, an educationally focused clinical OneNote was resurrected and is regularly expanded. Guidelines and rotas were added. During educational meetings eg peer reviews and journal club, a scribe directly enters content to OneNote creating indispensable knowledge storage for appraisal documentation.

Conclusion Objective user feedback is being planned via standardised survey.
In the pandemic era of intermittent remote working, this contemporaneous easily created OneNote resource is proving an invaluable adjunct to the traditional in-person colleague approach: ‘I just have a quick question about...’

MELATONIN

Ayt Mohamed, Caroline Groves. UHNM NHS TRUST

Aims • Sleep is extremely important to support children’s development both physically and mentally.
  • Establishing good sleep patterns can help children to meet their full potential.
  • A good night’s sleep can help them to: Maintain a healthy weight, Grow up, Have more energy and Concentrate at school
  • Melatonin is a hormone that occurs naturally in our bodies when it gets dark.
  • It’s produced at night time to help us go to sleep.
  • Physiological levels of melatonin and/or melatonin derivates are commonly below average in ASD and correlate with autistic behaviour.
  • Abnormalities in melatonin related genes may be a cause of low melanotin levels in ASD.
  • Studies reported gene abnormalities that could contribute to decreased melatonin production or adversely affect melatonin receptor function in a percentage of children with ASD.
  • Some children, particularly those with autistic spectrum, are prescribed melatonin to help with their sleep issues.
  • When children have a disturbed sleep cycle, melatonin can help restore a more natural sleep pattern.

Melatonin is commonly used for insomnia in children, has an adverse effect profile, is inexpensive and readily available, and is often efficacious for sleep abnormalities

Objectives • Analyse available sleep diaries to assess improvement in sleep onset and total time asleep before and after used melatonin.
  • To provide evidence to new medicines committee that Melatonin is important for normal sleep Pattern in children with autism and other developmental disorders.
  • Present information to new medicines committee in liaison with pharmacy

Methods • Retrospective observational data collected from March to November 2020
  • Identified children on melatonin.
  • Used sleep diaries pre/post melatonin, I portal and medical record to collect date.
  • Data collected and analyzed on excel spreadsheet.
  • Inclusion Criteria Children with ASD (Autistic Spectrum Disorder), Children with ADHD and Children with sleep problems and learning difficulties.
  • Place: Community Department, Royal Stoke University Hospital
  • Sample size: 23 children (19 child with pre/post sleep diary, 4 children with incomplete sleep diary).

Results • Two thirds of children included in the study were males, one third were females.
  • 17 children with ASD, 2 with ADHD and 4 with other learning difficulties.
  • Total sleep hours for ASD patient before melatonin average 6 hours and after melatonin average 9.2 hours.
  • Total sleep hours for all patient before melatonin average 6 hours per day and after melatonin average 9.3 hours per 24 hour.
  • Total hours to fall asleep after bed time for all patient before melatonin average 2.7 and after melatonin average 1 hour.
  • Total hours to fall a sleep after bed time for ASD patients average 3.1 before melatonin and 1 hour after melatonin.

Conclusion • Our study showed that Melatonin demonstrates a significant effect on sleep duration and on sleep onset latency compared with both baseline sleep diaries using effect size calculation especially in ASD children.
  • Our Recommendation To continue use the sleep diary pre/post melatonin as standard

To present our data to new medicine committee in liaison with pharmacy, in order to allow General Practitioners, prescribe Melatonin

WHAT CAN A FAMILY LIASON SERVICE OFFER FAMILIES OF CHILDREN WITH DISABILITIES AND DEVELOPMENTAL DIFFICULTIES? AN IN-DEPTH SERVICE EVALUATION

Aims Families of children and young people (CYP) with disabilities or developmental difficulties (DDD) experience many challenges, which Sparkle’s Family Liaison Service (FLS) aims to alleviate in South Wales. This walk-in service is multifaceted, including emotional support, liaison service, information and advice, and training. The FLS offers an extensive support and information service for families with a child with a diagnosis, or undergoing a diagnosis, of DDD. There is little prior research into liaison services for families of CYP with DDD. This evaluation, involving both families accessing the service and professionals involved in the care of CYP with DDD, aims to determine the impact the FLS has on families, and the health and social care professionals working with them.

Methods A mixed methods evaluation of the service - which is currently delivered by four Family Liaison Officers (FLOs) across three Children’s Centres in South Wales - included descriptive statistics collected between 2019 and 2021 and interviews with 10 families and 14 professionals, conducted between March and July 2020. An inductive thematic analysis was performed to allow categories to evolve from the data, and deductive thematic analysis was conducted using the components and objectives of the service (figure 1). The evaluation was approved by Aneurin Bevan University Health Board Research and Development Department Research Risk Review Panel.

Results The FLS responded to 5,041 contacts during the above time period. Families valued the accessibility of the service; there are no strict eligibility criteria, referrals or waiting lists, so families can receive support straight away, and when they most need it. Professionals commented on the importance of the FLOs being visible within the Children’s Centres. Participants highlighted the importance of service.