Abstract 347 Figure 2  Muhammad SN et al. (2022). Proposed Technology Guide and Algorithm to Assess CKD Patients for Advice Educational Support, Educational Support Surrounding Chronic Kidney Disease – A Qualitative Enquiry, Archives of Disease in Childhood

Conclusion Conclusion: There needs to be a coordinated effort between patients and professionals, to understand how CKD education should be more integrated at point of care, and public health.

351 NEPHROLOGY RESEARCH – COPING IN YOUNG PEOPLE WITH CHRONIC KIDNEY DISEASE (CKD)

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Aims Chronic kidney disease (CKD) is an irreversible disease with physiological, psychological and psychosocial challenges, especially for young people.

Objectives The objective of this phenomenological study was to identify coping strategies in two groups of young people aged 12–18 years. In one group, the young people were healthy and in the other group, the young people had stage 4–5 CKD.

Methods Young people with CKD (stages 4–5) (n = 7) (mean age ¼ 11.5 yrs.) and young healthy people (n = 7) (mean age ¼ 14 yrs.) were recruited from a Children’s Hospital and Youth Club respectively, and were invited to take part in one face-to-face, semi-structured interview.

Results Data analysis showed 11 different coping themes.

Conclusion It can be concluded from the interviews that young healthy people and those with CKD alike, utilise a range of coping strategies. The themes derived can prompt researchers to potentially develop a coping measure for a young CKD population. However, a longitudinal study would prompt the researchers to potentially develop a coping measure for a young CKD population. However, a longitudinal study would help to recognise coping strategies young people adopt over time and provide a pathway for the development of a formal coping framework.

463 MANAGEMENT OF BABIES WITH ANTENATAL HYDRONEPHROSIS IN A DISTRICT GENERAL HOSPITAL: IMPROVING TRAINEE AND PARENTAL UNDERSTANDING

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Aims Antenatal hydronephrosis (ANH) is the most common congenital anomaly picked up by ultrasonography with an incidence of about 1%. Although majority resolves by birth or in infancy, it is important to investigate postnatally to identify those with urological abnormalities that will require intervention or long-term follow-up. Our current guideline outlines the pathway to follow and a quick guide for junior doctors.

The aim of this project was to identify if the pathway was being followed to determine where improvements could be made and implement interventions to reduce these.

Methods We did a prospective review of case notes from August to November 2021 analysing each step in the ‘Quick Guide for SHOs’. This included electronic documentation, clinic letters and telephone conversations with parents on occasion. The second part involved creating and sending an anonymous questionnaire to the trainees to check their understanding of the condition and pathways.

Results We identified 12 babies reviewed in the paediatric nephrology telephone clinic. 2 were excluded as they did not have a diagnosis of ANH. Of the 10 babies, the correct pathway was chosen 100% of the time (10/10).

Antibiotics prophylaxis was started in 90% of the patients (9/10). 9/10 of the parents were told to continue antibiotics until the result of the scan was given to them. 1 parent only continued antibiotics for 5 days as that was what was written on the prescription.

The proforma was filled in only 20% of the time (2/10). 5 out of 10 patients did not have a discharge summary done. The consultant responsible for follow up was emailed 73% of the time.

The information leaflet was only provided to a parent on one occasion out of ten (10%).

Of the 6 trainees that responded to the survey, 3 (50%) of them were not confident in the management of ANH. 2 of 6 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.

459 NEPHROTOXIN-ASSOCIATED AKI IN NON-CRITICALLY ILL CHILDREN: A SINGLE CENTRE PROSPECTIVE AUDIT

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Aims Antenatal hydronephrosis (ANH) is the most common congenital anomaly picked up by ultrasonography with an incidence of about 1%. Although majority resolves by birth or in infancy, it is important to investigate postnatally to identify those with urological abnormalities that will require intervention or long-term follow-up. Our current guideline outlines the pathway to follow and a quick guide for junior doctors.

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