P01 AUDIT OF LABINIC PROBIOTICS ON THE NEONATAL UNIT

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Background Our neonatal unit was reviewed by the GIRFT team (Getting It Right First Time) in 2019. One of the recommendations from their report was the introduction of probiotics, to help reduce the incidence of necrotising enterocolitis (NEC). NEC is a devastating illness, which contributes to significant morbidity and mortality in the neonatal population. A variety of probiotics were assessed for safety and clinical efficacy.[1–3] Labinic was chosen as it contained an optimum combination of probiotic organisms to minimise the risk of NEC developing. In January 2021, Labinic was added to the hospital formulary and Trust guidelines for babies aged < 32 weeks and/or weighing <1.5kg at birth.[4]

Aims To assess whether premature babies on the neonatal unit were receiving Labinic probiotic drops, as per recently published Trust guidelines.

Objectives To identify whether babies were prescribed and administered Labinic at the correct dose, frequency and timing according to the guidance.

Methods A report was run via Badgernet and Medchart to identify patients eligible for inclusion in the study, from January 2021 to October 2021.

Inclusion Criteria

1. Patient was prescribed Labinic
2. Patient was born at our hospital
3. Patient was born <32 weeks or was born aged 32–36 weeks and weighed <1.5kg

Badgernet was used to collect patient-related data:

- time of the patient's first feed/colostrum
- birth weight
- time of delivery
- location of birth

Medchart was used to gather data about Labinic prescribing and administration. Patient information was held in a password protected Excel spreadsheet to maintain confidentiality. A pilot data collection form was trialled for 1 week, then adapted. Ethics approval was not required for this study. The audit was registered with the Trust.

Results Data was collected for 76 patients who were prescribed and administered Labinic on the neonatal intensive care unit from January 2021 to October 2021. The mean gestational age of the patients was 28 weeks (23–36 weeks) and the mean weight was 990 grams (500–2200 grams). 76/76 (100%) babies eligible to receive Labinic were prescribed and administered the probiotic. 76/76 (100%) patients were prescribed the correct dose according to their age/weight. The recommendations are that Labinic should be administered either with the first feed or within 12 hours of birth, whichever comes first. Only 17/76 (22%) of infants received Labinic within the first 12 hours.

Conclusions The introduction of Labinic probiotics has been widely accepted and well implemented on the neonatal unit. Within 2 years of the GIRFT report's recommendations, the unit has gone from having 0% of eligible patients receiving probiotics to 100% of babies receiving them. Unfortunately, the number of patients included in the study was too low to assess the overall impact on NEC rates. Further education and training will be provided to nursing staff about the importance of administering the first dose of Labinic within the first 12 hours of life. The Trust guidance and electronic prescribing tools will be updated and re-circulated, to highlight that the first dose should be administered within 12 hours, and not delayed until after colostrum or expressed breast milk is available. The audit will be repeated in future to check good practice is maintained and timing of first dose is improved.

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P02 STRIVE TO PRESCRIBE AND DO NO HARM

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Aims Prescribing medication is a common intervention and hence prescribing errors are not uncommon events. From the literature 13% of paediatric prescriptions contain errors[1] and recently it was estimated that 66 million of the 237 million prescription errors had potentially clinically significant outcomes.[2] This has been highlighted following a recent critical incident and, as part of the learning recommendations; a multidisciplinary team (MDT) approach was formed to improve departmental prescribing education. The aim was to reduce the number of prescribing errors, therefore reducing harm to patients, and improving patient care. This was achieved through the joint efforts of trainees and ward pharmacist by developing robust evidence-based teaching not only at induction but as rolling sessions throughout the year which, due to COVID-19 restrictions, was delivered virtually. In conjunction there was also a revision of the induction paediatric prescribing test, regular review of the number of prescribing error incidents and drug chart audits with cycle completion and implementation of changes. The teaching programme and audits were started in December 2020 and are on-going.

Methods From December 2020 to May 2021, audits were undertaken initially using the RCPCH Paediatric Prescribing Error tool.[3] We later revised the audit tool to also include the standards defined in our hospital inpatient prescribing policy. 30 random drug charts from across three paediatric inpatient wards were analysed every month with the aim to achieve greater than 90% in each standard (taking into account a baseline level of human error) and then to maintain this over time. To achieve this, learning from the audit was fed back to all members of the team via regular electronic and visual/verbal reminders and the teaching programme was amended to include troublesome topics. Adverse incidents were reviewed