patients. The Mann-Whitney U test compared percentage compliance scores between the sexes and thiopurine used while the Kruskal-Wallis test compared percentage compliance scores between IBD phenotypes.

Results Compliance to all guideline criteria were less than 100%. Percentage compliance scores ranged from 44.4% to 100%, with a median of 88.9% and interquartile range of 77.8% to 100%. Compliance was generally higher for the monitoring undertaken at initiation of treatment, with the lowest level of compliance score of 61% seen for the monitoring requirements at the 12-week interval post initiation of treatment. Only 56 patients (37.3%) had a percentage compliance score of 100%. Statistical difference was not observed in percentage compliance scores between sex, thiopurine used and IBD phenotype.

Conclusion Suboptimal guideline compliance was noted at the trust, suggesting improvements need to be made to comply with recommended monitoring requirements for thiopurines. The results suggest consideration of using a more simplified regimen for routine monitoring should be considered, such as that recommended by the British National Formulary (BNF). The variation in percentage compliance scores between patients warrants further investigation to identify possible causes for this variation.

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P39 CURRENT SEDATION PRACTICE IN A PAEDIATRIC INTENSIVE CARE UNIT IN A UK HOSPITAL

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Aim Sedation is a crucial part of management of patients on paediatric intensive care unit (PICU). The majority of patients admitted to PICU receive sedative agents.[1] For example, we estimated that approximately 50% of PICU patients at our trust are sedated at any given time. Heterogeneity in sedation practice can lead to under- or over-sedation of patients and subsequent complications, e.g. increased PICU stay.[2] Because of the limited research on sedative agents' pharmacokinetics and the considerable variability in sedation prescribing practice,[3] regular evaluation and review of sedation prescribing practice on PICU is crucial. Thus, the aim of this study was to review the current sedation practice in PICU in a large UK children's hospital.

Methods A prospective study of patients in a PICU was conducted over a 4-week period. All patients aged ≤18 years admitted to PICU started on continuous IV or enteral sedation were included. Patients on patient-controlled analgesia, started on sedatives at a different hospital, and were transferred still on sedatives or that passed away were excluded. Patient characteristics and any data relevant to the sedative agents prescribed were recorded. Descriptive analysis of the collected data was performed using SPSS software (version 27). Data was presented as frequencies, percentages, median (with interquartile range, IQR) and means (±standard deviation) as appropriate. Nurse Interpreted Score for Sedation (NISS) was used to interpret the level of sedation for each patient. A NISS score of 1 is considered under-sedation, 2 is adequate sedation, and 3 is over-sedation.[4]

Results In total, 19 patients were included. The most common sedatives prescribed were morphine and midazolam (94.7%, 18/19, each). The median length of PICU stay was 4 days (IQR 3 – 8). Majority of patients on sedatives received 2 to 3 agents (93.2%, 12/19). Trauma patients were on sedation for the longest period with a mean of 25±9 days. All of the sedative doses prescribed were within the recommended ranges by the hospital and national guidelines,[2 3] and the cumulative doses were lower than the dosage threshold established for side effects.[3] Morphine (7/19), fentanyl (5/19) and enteral clonidine (4/19) were the most common drugs continued over 72 hours. The median NISS score for patients was 2 (IQR 1.3–2.4).

Conclusions Most of the sedation prescribed in the PICU appear to be within safe ranges and the cumulative doses were under safe thresholds documented in the literature. The main sedation agents used in PICU at the participated hospital are morphine and midazolam. Although the study shows that patients were 'adequately sedated', the current NISS scoring system used is not reliable alone[4] and therefore, the implementation of a more accurate scoring such as Comfort-B is recommended for more reliable interpretations and better control of sedation.

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P40 ARE 2020 ECCO-ESPGHAN GUIDELINES PRACTICED IN THE CARE OF CHILDREN WITH CROHN'S DISEASE?

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Aim Crohn's disease (CD) is characterised by severe inflammation in the gastrointestinal tract. At diagnosis, risk stratification is recommended for children to predict a more severe disease progression, influencing management. The 2020 European Crohn's and Colitis Organisation and the Paediatric IBD Porto group of the European Society for Paediatric Gastroenterology, Hepatology and Nutrition (ECCO-ESPGHAN) guidelines recommend that low-risk children should be