

(survanta 4–8 ml/kg) are used in our babies. We performed a subgroup analysis comparing the MIST success rate and the relevant clinical outcomes in our prospective observational cohort of MIST babies (14 times in 13 babies) that received porcine surfactant (n= 9, one time each in nine babies) versus those that received bovine surfactant (n= 5, one time each in three babies and two times in 1 baby).

**Results** Nine babies (gestation 27 - 36 weeks and birth weight 0.95 kg to 2.4 kg) received Curosurf (1.5 ml/kg, 200 mg/kg) by MIST one time in each baby. The median age of administration of Curosurf was 12.5h. Conduits used for MIST were by infant feeding tube in eight babies and LISA (Less Invasive Surfactant Administration) catheter in one baby. Four babies (gestation 27 - 34 weeks and birth weight 1.04 kg to 2.81 kg) received Survanta ( 4- 8 ml/kg, 100 - 200 mg/kg) five times by MIST one time each in three babies and two times in one baby. The median age of administration of survanta was 13h. The conduits used for the MIST were infant feeding tube s on two occasions, LISA catheter once and 2.0 mm Endotracheal Tube with surfactant filled syringe directly attached to the syringe hub on two occasions in one baby. Syringe air flush and checking for surfactant reflux was done as per MIST procedure protocol on all occasions after the instillation of surfactant. Success rate of MIST procedure was 100% irrespective of surfactant preparation. Equally beneficial clinical outcomes are seen in babies receiving bovine surfactant MIST and porcine surfactant MIST.

**Conclusions** Surfactant reflux is nullified with the incorporation of syringe air flush technique in MIST thereby ensuring equally better clinical outcomes with higher volume bovine surfactant versus porcine surfactant in this cohort. A higher dose volume surfactant can be effectively delivered by MIST.

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#### PATIENT PERSPECTIVES REGARDING ONLINE CONSULTATIONS DURING THE COVID-19 PANDEMIC

John Cheri Mathews, Deepa Elizabeth Mathew, Shipra Mathur, Natasha Susan John, Suneela Nayak, Vinay Bothra. *India*

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**Background** Introduction: COVID-19 and the associated lock-down has prevented patients from accessing healthcare professionals through the traditional face-to-face clinic visits. Modes of consultation have therefore adapted to overcome this barrier; virtual or online consultations have become a popular alternative for people with access to technology. The literature on patient perspectives about this mechanism is still evolving.

**Objectives** Aim: To explore patient perceptions regarding virtual consultations

**Methods** A voluntary online survey instrument using a mix of quantitative and qualitative questions was administered to patients across 3 major cities using a social media platform, WhatsApp. The aim was to explore the characteristics of users, perceived advantages and disadvantages of online consultations and patient satisfaction.

**Results** There were 461 respondents (M 51.4%: F 48.6%) that had consulted doctors online. 91% of them lived in 8 major metro cities. Interestingly, over 80% respondents had never sought online consultation before the COVID-19 pandemic. 52% patients accessed multiple (2–3) consultations in the 10 months since the start of the lock-down in March 2020. While 62% consulted their regular doctor, 19%

accepted recommendations from friends and family and 10% used online platforms. 45% of consultations were via video-calls, 28% through WhatsApp and 20% via telephone calls. Prescriptions were provided via WhatsApp in 41% cases, online portals in 32%, email in 13% and a photograph of handwritten prescription in 13% cases. The vast majority (90%) felt that the time provided by the doctor was adequate. 55% of patients paid via G pay while 28% were prepaid through online portals. There were no audio or video connectivity issues in 90% cases. 13% patients had to go for a face-to-face consultation within 7 days of the online consultation as the clinical problem had not been resolved adequately. Patients felt that the main advantages of online consultations included a lower risk of infection (77%), reduced waiting time (57%) and travel time (58%). The main disadvantages cited included a lack of physical examination (73%), a perception that this was not as satisfying as a face-to-face consultation (36%), inability to adequately communicate their problem (24%) and an inability to show past reports (13%). 78% patients rated their online consultations as either a 4/5 or 5/5 satisfaction level. Given the choice after the pandemic, almost two-thirds (64%) felt they would still prefer face-face consultations.

**Conclusions** For the vast majority of patients (80%), this pandemic provided the first ever opportunity to choose a virtual platform to seek clinical care. The high level of satisfaction for online consultations suggests that this mechanism of patient-provider clinical service provision might well be an increasingly popular intervention after restrictions are lifted. As digital penetration improves, weaknesses identified in the current system of online consultations (e.g., inability to conduct physical examinations and inadequate communication) could be mitigated through evolving technologies like digital stethoscopes and better communication tools. It brings into focus the need for regulations to keep pace with this rapidly evolving trend to ensure that the virtual patient-provider interaction remains a safe, secure and confidential way to access clinical services.

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#### RESPIRATORY VIRUS INFECTION-ASSOCIATED MORTALITY AMONG CRITICALLY ILL CHILDREN: A RETROSPECTIVE SINGLE-CENTRE COHORT STUDY

Divyapoorani Ravichandran, Kian Boon, Joel Lim, Poh Hui Wee, Chee Fu Yung, Jan Hau Lee, Kee Thai Yeo. *Singapore*

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**Background** Limited data from Singapore indicates that respiratory virus infection (RVI) burden is high and comparable to other settings in temperate countries. Acute lower respiratory infections from RVIs are important contributors to mortality in children <5 years of age, with most deaths occurring in the first year of life.

**Objectives** This study aims to describe the burden and epidemiology of RVI-associated mortality among children admitted to the paediatric intensive care unit (PICU).

**Methods** We performed a linkage analysis of PICU mortality database with laboratory confirmed RVI database of patients <18 years old from 2010 to 2019. RVI-associated mortality was defined as cases with a laboratory confirmed RVI from any respiratory sample within 14 days prior to the certified date of death.