

After implementation of the flashcards 69% of participants (n=39) were able to access guidelines in <1 minute, and 100% were able to access this information in < 3 minutes.

**Conclusions** The flashcards improved the time to access paediatric life support guidelines, with good acceptance across a range of doctors and nurses in the emergency department and wards. Following this project these flashcards have been distributed to non-emergency staff redeployed during the Covid-19 pandemic.

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### PDA IN PRETERM BABIES SHOULD BE MANAGED CONSERVATIVELY: THE NEED FOR SURGICAL LIGATION IS QUESTIONABLE

Ankita Jain, Sian Jenkins, Orhan Uzun. UK

10.1136/bmjpo-2021-RCPC.111

**Background** Haemodynamically significant PDA in preterm babies are traditionally associated with higher incidence of IVH (intraventricular haemorrhage), NEC (necrotising enterocolitis) and CLD (chronic lung disease), and longer duration of ventilation. In practice, there is wide variation in PDA management, particularly the need for surgical or medical intervention. The management strategies include pharmacological therapy with cyclooxygenase inhibitors and surgical ligation or device closure. In some infants with failed extubation, surgical management has often been considered to be the only option. There is growing opinion that aggressive management of PDA may not have much impact on reducing mortality and severe morbidity hence conservative management should be preferred treatment.

**Objectives** The primary aim was to compare the need for surgical or catheter closure of haemodynamically significant PDA since introduction of the conservative management guideline and secondary aim is to look at the differences in mortality and morbidity in preterm babies with haemodynamically significant PDA before and after implementation of the guidelines.

**Methods** This is a single centre review of all preterm infants admitted to a tertiary neonatal unit between 1992–2017, who had a haemodynamically significant PDA. Data on sex, gestation, birth weight, length of stay, treatment of PDA and incidence of NEC, IVH, CLD and death were analysed by using department digital records.

We compared the clinical outcomes of all preterm babies with haemodynamically significant PDAs managed medically or surgically before 2014 versus conservative management, following a change in local guideline in 2014. This comprised of significant fluid restriction, optimum diuretics, early steroid use and restricted use of ibuprofen and paracetamol.

**Results** Over the 22-year period general trend showed lower referral rates for surgical ligation in the last 5 years. Hence analysis was restricted to 2010–2013 and post 2014, to minimize the bias due to changes in neonatal management strategies. Fewer babies were referred for surgical management after 2013. There was no significant difference in the incidence of CLD, IVH, NEC or mortality between the two periods. The change in guidelines mitigated the need for unnecessary transfer of these vulnerable infants to the cardiac surgical centre, this was less disruptive for the families too. Also the study shows that conservative management of PDA has huge cost saving incentives for NHS, not only the cost of

surgery but also on duration of NICU stay without compromising care and long term outcomes.

**Conclusions** Changes to the PDA management guideline, promoting conservative management, resulted in fewer patients being referred for surgery, without affecting mortality or morbidity. This study raises the question about the need for surgery in the management of preterm PDAs. Long term prospective multicentre studies are required to address this question fully.

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### IMPROVING MULTI-DISCIPLINARY TEAM ATTENDANCE AT MORBIDITY AND MORTALITY MEETINGS

Gayle Appleby, Olivia Stredder, Amber Tebbutt, Lauren Wilson, Alise Cotton, Kelly Frogbrook. UK

10.1136/bmjpo-2021-RCPC.112

**Background** Morbidity and Mortality (M&M) meetings allow outcomes and learning from cases to be shared. The format of how they run is department dependent; our meetings focus on patients transferred out, retrieved to tertiary services and who have sadly died. It was observed that nursing staff often asked about case outcomes but were not present at the M&M meetings when cases were discussed.

**Objectives** A project was run aiming to:

- increase attendance of Multi-Disciplinary Team (MDT) members at meetings
- improve dissemination of learning points

**Methods** Attendance figures were obtained from previous sign-in records and experiences of M&M meetings were captured in a baseline survey.

A Plan, Do, Study, Act approach was followed to achieve the aims, attendance figures and a further survey were used to monitor progression.

#### Results

**Baseline** Baseline data showed most attendees were paediatricians (table 1). The initial survey had 17 respondents comprising: 6 Nursing staff, 4 Foundation year (FY) to Specialist trainees 1 – 3 (ST), 3 ST4 and above and 4 Consultants. In total 6 people, (35%) hadn't been able to attend a meeting, 5 were nursing staff and 1 a ST1-3 working in the Paediatric Emergency Department. All 17 respondents wanted the data shared; the most popular suggestions to facilitate this were 9 respondents saying via email or newsletter.

#### Interventions

**Attendance** Interventions to increase attendance included: putting up posters, using word of mouth and emails to advertise meeting dates and times. A small increase in nursing numbers and anaesthetists was observed at meetings following these interventions (table 2).

**Learning Points** The learning points generated from the meetings were shared in the posters advertising the next session and email invitations.

An interim survey, answered by 15 people (4 nurses, 3 FY1 – ST3, 3 ST4+, 4 Consultants and 1 other) was undertaken prior to the coronavirus pandemic. Respondents self-reported small – medium changes in practice after attendances at meetings and from hearing or seeing about the learning points.

**Conclusions** Fluctuations in M&M meeting attendances are multifactorial; however, a multi-modal approach to inform people of meetings can increase attendance, beyond just