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ACCESSIBILITY OF CHILD HEALTH CARE SERVICES DURING A NATIONAL LOCK-DOWN: A PARENTAL SURVEY

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Background The morbidity and mortality from the novel coronavirus 19 are less pronounced in children compared with adults. Its impact on the health care services can however indirectly impact the health care delivery to children including accessibility.

Objectives The objective of this survey therefore was to obtain feedback from parents about how they accessed health care for their unwell children during the peak of the COVID 19 pandemic and challenges faced in the process.

Methods All parents attending the paediatric wards and assessment units of a district hospital in England with their children were prospectively interviewed over a 2-month period using a self-administered questionnaire. Information obtained included health care service accessed during the national lock-down if needed, time to obtain care, mode of consultation, satisfaction with treatment and any deterrents to seeking health care in the hospital. Data was analysed using Microsoft excel and presented using descriptive statistics.

Results We surveyed 103 parents of whom 49(47.6%) sought healthcare for their children from 1st April to 30th June 2020. There were 31 males and 18 females (M: F, 1: 0.58). Number of children seeking health care monthly were 12(24.55%), 22(44.9%) and 15(30.6%) in April, May and June respectively. Source of health care was as follows: General Practitioners 25(51%); National Health Service 111 helpline 15(30.6%); Hospital paediatric services 8(16.3%). One parent was unable to access vaccination services. Time to obtain help was <1hr in 20, 1–2 hours in 11 and >2hrs in 16 with the greatest delays from GP and 111 services. There was delayed diagnosis of a ruptured appendix in 1 patient which was however successfully treated. The predominant form of consultation was via telephone (83%) while video and in person consultations constituted 13% and 4% respectively. Thirty-two (64%) parents expressed satisfaction with treatment received, 8(16%) were neither satisfied nor dissatisfied while 9 (18.4%) expressed dissatisfaction. Twelve (24.5%) parents who would ordinarily have sought hospital care did not for the following reasons: fear of the virus (6), stay at home orders (2), uncertainty about hospital services (1), reluctance to burden the hospital services (1), no reason given (2). However of parents who did not seek hospital care, 83.3% were satisfied with the treatment received.

Conclusions Paediatric health care remained accessible by most parents during the National lockdown with some expected delays. There is no evidence that any critically ill children were missed although impact on child safeguarding issues could not be looked into. Majority of consultations were virtual and we conclude that strengthening of newly introduced virtual consultations may reduce burden on hospital services during such lock-downs. The public need to be made aware about continuity of hospital services and accessing these for any acutely unwell child needing urgent attention. A larger study over a period of time may be needed to look into the impact of virtual consultation on possible missed or delayed diagnosis.

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USE OF PARACETAMOL FOR CLOSURE OF PATENT DUCTUS ARTERIOSUS IN PREMATURE INFANTS IN A LEVEL 3 NICU

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Background Paracetamol (both IV and PO) has been shown to be effective at closing haemo-dynamically significant Patent Ductus Arteriosus (PDA) in preterm infants. Currently, Ibuprofen is the only licensed medical treatment for PDA in neonates but Paracetamol has been suggested as a second line agent where Ibuprofen therapy has failed or is contraindicated. The aim of this project was to review the use of Paracetamol for the medical management of PDA in a tertiary neonatal unit in London. Patients received IV paracetamol in accordance with the West of Scotland guideline.

Objectives

1. To determine the number of infants treated with intravenous paracetamol for closure of PDA over a 2 year period and determine indication for paracetamol treatment rather than Ibuprofen
2. To determine if any infants suffered adverse effects or needed dose adjustment due to high paracetamol levels. Levels were measured before the 3rd dose of treatment
3. To determine the number of infants with successful closure of PDA following treatment with intravenous paracetamol

Methods A retrospective analysis was carried out using the online national neonatal database (BADGER). Infants were selected using the following search criteria

- Born between 1/3/2018 and 31/3/2020 and admitted to NICU
- Diagnosis of PDA confirmed on echo
- Treatment with at least one course of Paracetamol for medical management of PDA

Results 23 babies met the inclusion criteria. Male to female ratio was 11:12, gestational age range was 23+1 – 29+2 weeks (median 24+6) and birth weight 430 g – 1514 g (median 728 g). The main reason for medical treatment was ventilator dependence (22/23).

14/23 (61%) were treated with Paracetamol first line, due to contraindications to Ibuprofen

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Contraindication to Ibuprofen	Number
Deranged renal function	5
Necrotising enterocolitis	4
Intraventricular haemorrhage	2
Deranged clotting	1
Pulmonary haemorrhage	1
Not documented	1

9/23 (39%) received Paracetamol as a second line treatment, following failed treatment with Ibuprofen

No adverse effects were reported, and no babies required dose adjustment due to high Paracetamol levels, all levels were below the toxic threshold (25 mg/L)