



Abstract 102 Figure 2 Gross motor function levels in cerebral palsy

'Function' – activities of daily living, mobility, hobbies. Use of equipment for independence.

'Friends' – Social connection. Being accepted, sharing physical activity with friends, having friends with similar life experiences.

'Family' – value of family involvement and encouragement.

'Fun' – distraction from painful intervention, games to make sessions enjoyable. Signposting to fun accessible activities outside treatment.

'Future' – developing independence, physiotherapy adapting to change, supporting aspirations.

Conclusions Participants had their own ideas of what the F-words might represent, which fit well with the model's ethos. Its effective use in community practice can be strengthened by understanding how children with CP perceive the model and which factors they feel should be included.

Insight gained into the interviewing process will be used to develop resources to hear from more children including those with communication difficulties or learning disabled.

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Digital Posters

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NUTRITION SUPPORT FOR CRITICALLY ILL CHILDREN – A REVIEW OF PAEDIATRIC DIETETIC RESOURCES IN THE UK AND IRELAND

¹Shalina Meah, ²Catherine Kidd, ²Brittany Rothman, ³Luise V Marino. ¹St Mary's Hospital, Imperial College Healthcare NHS Trust, UK; ²Great Ormond Street Hospital for Children NHS Foundation Trust, UK; ³Southampton Children's Hospital, University Hospital Southampton NHS Foundation Trust, UK

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Objective To characterise dietetic staffing levels in Paediatric Intensive Care Unit (PICU) within United Kingdom (UK) and Republic of Ireland (ROI).

Study Design A cross-sectional electronic survey was developed to gather data on type of PICU, number of beds, types of nutrition guidelines available and amount of dietetic resource dedicated to the provision of nutrition support. Paediatric Critical Care Society recommends a minimum dietetic staffing to critical-care bed ratio of 1:10, with the lead dietitian being Agenda for Change (AfC) Band 7. Participants were dietitians working within PICU. No demographic data collected. PICA-NET database used to identify all hospitals with PICU beds. One response required per PICU. The survey was open for 12 weeks. One whole time equivalent (WTE) was 37.5h/week. PICU dietetic WTE provision was compared to recently published adult equivalent.

Results 92.8%(n=26/28) PICUs have funded dietetic service. Only 14% (n=4/28) trusts met the recommended 1:10 dietitian: bed ratio. PICU dietetic WTE was 0.7 ± 0.4 WTE, with a staff to bed ratio of $1:22.5 \pm 11.7$, compared to adult staff ratio of 1:24.7. 90%(n=25/28) had a AfCBand7 Lead but only 3%(n=1/28) had an AfCBand8a Lead vs. adult services where 12.5%(n=15/122) were AfCBand8a ($p < 0.05$). 75% (n=22/28) of units had nutrition-guidelines, with 46%(n=13/28) children reviewed daily/2–3 per/wk. PICU dietetic staffing per bed between those who were reviewed daily/2-3per/wk compared by referral was $1:19.5 \pm 6.5$ compared to $1:24.1 \pm 12.1$.

Conclusion A dedicated intensive care dietitian, as part of the PICU multidisciplinary team, contributes to improved delivery of nutrition support to all PICU patients. Results suggest the majority of PICUs within the UK and ROI do not meet minimum dietetic staffing standards. There is a significant disparity between adults and Paediatric services with regards to seniority levels. Dietitians in well-resourced centres were more likely to offer prospective review, without the need for a referral.