

average time to seizure termination also improved by 35 min (from 108 to 73 min). More patients in Year 2 (75%) were administered a benzodiazepine dose by their parents/carers compared to the Year 1 (53%). The average time to administration of intravenous phenytoin/phenobarbitone also improved by 21 min (from 36 to 15 min). No patients required rapid sequence induction anaesthesia to terminate the seizure in Year 2.

Conclusion Status epilepticus is a medical emergency that requires the concerted efforts of all to deliver the right intervention at the right time. Quality improvement in status epilepticus can reduce administration time of medications, seizure morbidity and the need for intensive care.

G11 PHOTOTHERAPY AT HOME FOR THE TREATMENT OF NEONATAL JAUNDICE: AN INNOVATIVE, PATIENT CENTERED PILOT PROJECT

D Thakkar, A Verma, R Malgorzata. *Neonatology, St Thomas' Hospital, London, UK*

10.1136/archdischild-2019-rcpch.11

Approximately 60% of term and 80% of preterm babies develop jaundice. This often requires inpatient hospital treatment with phototherapy. Home Phototherapy is not well-established within the UK as routine care for the management of stable neonatal jaundice.

Aims

1. To introduce Home Phototherapy for the management of stable, neonatal jaundice.
2. To promote mother and baby bonding and experience of neonatal jaundice by reducing hospital stay.
3. To ensure the project is safe and cost effective.

Methods Following the introduction of the Home Phototherapy guideline and funding in May 2017, babies were considered for home phototherapy. The inclusion criteria included: feeding established, stable/falling bilirubin, weight loss <10% on Day 3, not on antibiotics, parents motivated, no social concerns, and lived within a pre-defined area. Parents were trained to use the equipment and the outreach team would visit the family daily, perform feeding assessments, perform serum bilirubin levels, plot results and make a management plan in conjunction with the Neonatal doctors.

Results 10 babies went home for phototherapy between May 2017 -May 2018. Median gestational age was 36 weeks (range 34+1-38+6), Average weight 2.8 kg (range 2.38 kg - 3.64 kg), Average discharged home Day 6 (range Day 2 - Day 9), Average days received Phototherapy at home: 2.3 days (1-5 days range). No adverse events were noted. Additional babies could have been recruited during this period, but did not live within the pre-defined area. Approximately, £185/day/baby savings were made for the trust. Excellent feedback was received from the parents involved.

Conclusions The pilot project of Home Phototherapy was introduced safely in May 2017. It was well-appreciated by parents and cost-effective. It has given us the basis for commissioning from the CCG and there is a scope to roll this project out to different Level 1-3 neonatal units across the country.

G12 AVOIDING TERM ADMISSIONS INTO NEONATAL UNITS: A QUALITY IMPROVEMENT PROJECT

¹LG Croucher, ^{1,2}VF Puddy. ¹Neonatal Medicine, University Hospital Southampton, Southampton, UK; ²Clinical Lead Wessex Neonatal Medicine, Thames Valley and Wessex Neonatal Network, Southampton, UK

10.1136/archdischild-2019-rcpch.12

Aims Term lives births are declining but these babies are requiring more neonatal care days than ever before. Term babies without congenital anomalies should not require neonatal input and if they do it is a proxy indicator that along the midwifery, obstetric or neonatal pathway avoidable harm may have been caused. Separation can have a profound effect on the physical and mental health of mother and baby, and avoiding term admissions has become a national patient safety focus.

In 2017 a tertiary surgical and cardiothoracic Neonatal Unit (NNU) admitted 351 term babies. Equating to 6.7% of term live births this was higher than previous years and comparable units. We aimed to establish why babies were admitted in order to provide focused multidisciplinary education, improve neonatal care, reduce harm and avoid separation.

Methods All admissions were reviewed in detail and assigned an ATAIN (Avoiding Term Admissions Into Neonatal units) diagnosis. Analysis revealed a 33% rise in unexpected admissions direct from birth compared to 2016. 34% were discharged within 24 hours and 20% did not receive an intervention exclusive to the NNU. Most had respiratory disease or poor perinatal adaptation.

Our focus became 'supporting the transition to postnatal life - keeping mum and baby together'. Interventions included:

- Junior doctor training - supporting the transition
- Labour/post-natal ward reviews
- Simulation scenarios
- Senior review & nurse in charge agreement prior to admission
- Cleft lip/palate training
- Audio-visual slides
- Theme of the Week
- One Minute Wonder
- Obstetric/midwifery case reviews
- Network Presentations
- ATAIN e-learning package
- ATAIN leads
- 'Red Hats'

Results In the first six months of 2018 we safely reduced term admissions by 18% and are now within national targets. Unexpected admissions direct from birth fell 26% with no adverse events. Poor perinatal adaptation and respiratory diagnoses fell by 38% and 26% respectively. Staff feel more confident to support the transition to postnatal life.

Conclusions Presenting at multidisciplinary local/network levels has enabled us to share good practice. In the future our '4 hour Focus to Discharge' pathway, multidisciplinary simulations and cleft lip/palate pathway will hopefully keep even more mothers and babies together.

© 2019 Author(s) (or their employer(s)) 2019. No commercial re-use. See rights and permissions. Published by BMJ.