

**Conclusions** HCPs' awareness of the possibility of defective medicines was low. The vast majority were unaware of the defective medicines reporting system and of the official logo of registered online pharmacies in the UK. Findings suggest a need to increase HCPs' awareness of these measures.

### G304(P) RCPCH BEST PRACTICE GUIDELINE TO NEWBORN EXAMINATION TO REDUCE THE PREVALENCE OF DELAYED DETECTION OF CLEFT PALATE (CP)

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**Introduction** The UK prevalence of Cleft Palate (CP) without cleft lip is 1 in 1,750 live births. Half of CP have associated malformations and syndromes. The prevalence of delayed detection in the first 24 h after birth is 30%, 16% more than 72 h, 7% under three months of age, 3% under year and 2% over one year old. Potentially unnecessary delay in appropriate management, parental distress, and litigation occur. Strong circumstantial evidence suggests the method of palate examination as the cause.

**Aim** Develop recommendations for optimal examination of the palate during routine newborn examination to ensure early detection of CP.

**Methods** A consensus guidelines group was led by the RCPCH, including parent groups and key professional stakeholders. The RCPCH standards for development of clinical guidelines in paediatrics and child health were followed. A systematic review with methodological advice from the RCPCH clinical standards team was undertaken. Where there was limited evidence to support recommendations for practice a Delphi consensus method was carried out. When Delphi consensus was not reached, recommendations were based on working group consensus.

### Results

1. Examination of the newborn baby's hard and soft palate should be carried out by visual inspection and recorded in the Child Health Record.
2. Use a torch and method of depressing the tongue to visualise the whole palate.
3. Parents should be informed if the whole palate (including the full length of the soft palate) has not been visualised.
4. Failure to visually inspect the whole palate at first attempt should be followed by repeat visual examination within 24 h.

**Conclusion** Trusts should provide training on the correct method of visual inspection of the palate to all healthcare professionals required to carry out newborn examinations.

<http://www.rcpch.ac.uk/improving-child-health/clinical-guidelines-and-standards/published-rcpch/inspection-neonatal-palate>

### G305(P) REFERRAL AND INVESTIGATION OF PAEDIATRIC URINARY TRACT INFECTIONS IN A GENERAL PRACTICE SETTING – ARE WE GETTING IT RIGHT?

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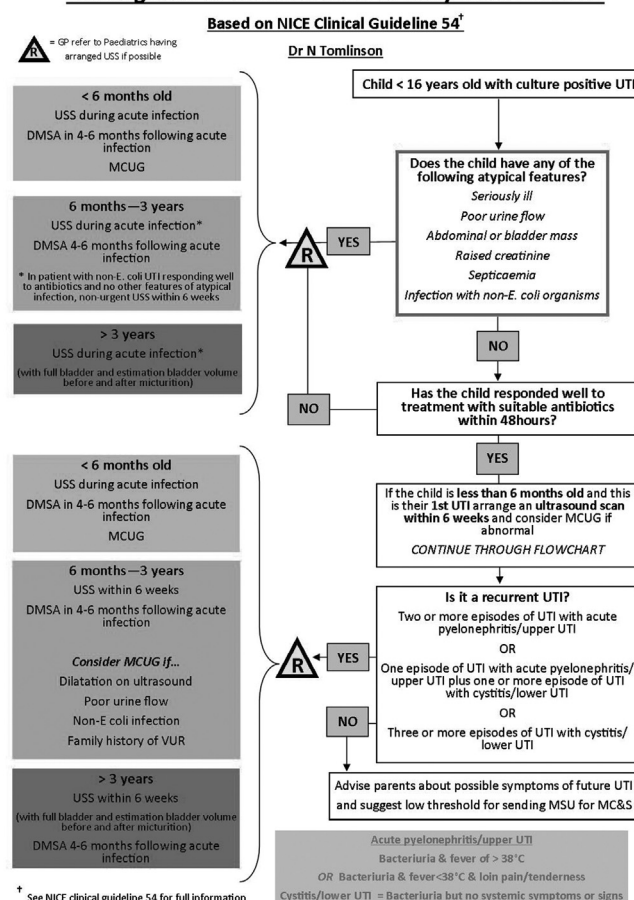
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**Introduction** Urinary Tract Infection (UTI) is a common bacterial infection. Natural history in children has changed over the last 30–50 years due to antibiotics and improvements in healthcare. There remains uncertainty about the most appropriate and effective way to manage UTIs in children including whether or not investigations, follow-up and prophylaxis are justified. The correct timeframe during which these should occur depends on presentation and age of the child.

**Aims** NICE clinical guideline 54 is often confusing due to the complex nature of follow up and the range of investigations required depending on presentation and age. The guideline can be quite challenging to follow in a busy general practice environment. The aim is to assess current management in terms of referral and further investigations and suggest any necessary improvements to facilitate this process.

**Method** Retrospective audit looking at management of patients under 16 years old presenting to an inner city general practice from September 2010–14 with suspected UTI. Culture positive UTIs were identified and patients who fulfilled the NICE criteria for referral were highlighted. Referrals were categorised as appropriate, inappropriate or missed. Grade of clinician who

### Investigation of Children With Urinary Tract Infection



Abstract 305(P) Figure 1