perceived practice in a busy CED setting differs markedly from their actual practice.

REFERENCE

1 Geary DF, Schaefer F. Comprehensive Pediatric Nephrology. Philadelphia: Mosby; 2008

G94(P) EMERGENCY DEPARTMENT TEAM WELLBEING. HOW HAPPY ARE WE REALLY?

[1]A Bull, [1,2]C Bevan. [1]*Children's Emergency Department, Royal Alexandra Children's Hospital, Brighton and Sussex University Hospitals NHS Trust, Brighton, UK;* [2]*Brighton and Sussex Medical School, Brighton, UK*

10.1136/archdischild-2015-308599.93

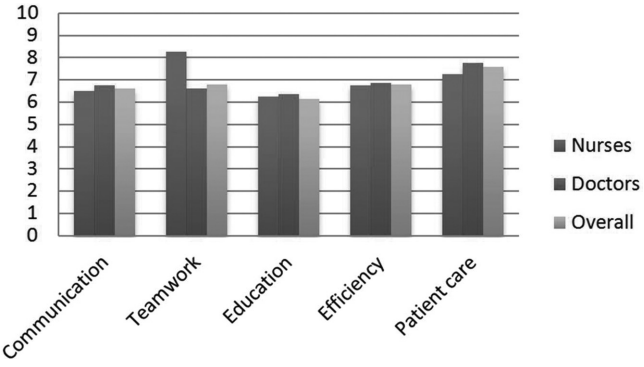
Aims There is good evidence that high staff moral and satisfaction improve quality of care. The aim of this study was to assess our baseline levels of staff satisfaction within a busy Children's Emergency Department (CED) team, to understand what the department does well and not so well and what and how could we improve.

Method All staff; nursing, medical and administrative, in CED answered a brief 9 question online survey via email. This included both 1–10 rating and free text questions.

Results 80 staff received the questionnaire, 38 (48%) responded. The mean 'happiness' rating was 6.19/10 with little difference between professions (nurses 6.6, doctors 7.0), staff rated how 'valued' they feel as 6.19. Staff were asked to rate the department in a number of parameters (Figure 1).

The results highlighted lots of positives in the department – e.g. tea rounds, social outings, team working and communication. The main areas for improvement suggested were in the relationship and communication between medical and nursing staff. Suggested interventions included: more multidisciplinary meetings, training, and social activities, also listening without interruptions, and valuing all colleagues' opinions.

Conclusion This study has provided a number of ideas for interventions within the department to improve staff wellbeing. The anonymous feedback method allowed true reflections of staff happiness and highlighted areas for future development. Communication was particularly highlighted- e mail is used for a large amount of our interdepartmental communication and on investigation of our poor response rate it appears that staffs rarely check their hospital e mails address. Our first implementation is to improve this basic form of communication. To also implement a short simple department meeting for prior to handover thus capturing more nursing and medical staff who cannot regularly attend the department meetings. Simple service improvements were also suggested which will be considered to enhance patient care.



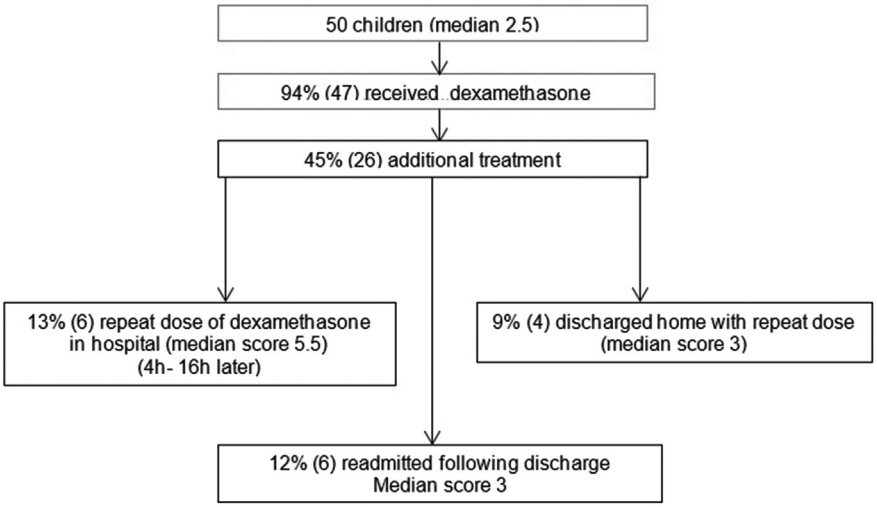
Abstract G94(P) Figure 1 How does our department perform in the following areas?

G95(P) BEST PRACTICE: ONE OR TWO DOSES OF DEXAMETHASONE FOR THE TREATMENT OF CROUP?

[1]F Roked, [2]M Atkinson, [1]S Hartshorn. [1]*Emergency Department, Birmingham Children's Hospital, Birmingham, UK;* [2]*General Paediatrics, City and Sandwell Hospital, Birmingham, UK*

10.1136/archdischild-2015-308599.94

Aim A systematic review of 43 randomised controlled trials (RCTs) concluded that single dose oral dexamethasone is effective in the treatment of croup. Dexamethasone was associated with an improved Westley score at 6 h to 12 h with an effect size of –1.0 (95% CI –1.5 to –0.6) which was significant, but was no longer significant at 24 h. To date, no RCTs have determined whether administering two doses of dexamethasone, compared with a single dose, improves outcomes in children with



Abstract G95(P) Figure 1

Abstract G95(P) Table 1 Responses from regional survey

	Observe in hospital without another dose of dexamethasone	Administer a 2nd dose of dexamethasone in hospital and observe	Discharge home with a dose of dexamethasone	Discharge home without a dose of dexamethasone
12 hours after a dose of dexamethasone for croup, a patient has no symptoms at rest but symptoms on exertion. Which of the following would you opt for?	Total = 25 (22%)	Total = 23 (21%)	Total = 37 (33%)	Total = 27 (24%)

croup. We completed an audit to review the use of dexamethasone in children with croup.

Method Inpatient notes of 50 children admitted between 2010 and 2011 were reviewed at a district general hospital. To gauge the readmission rate, a comparative notes review was performed for attendances at the Emergency Department of a local tertiary paediatric centre (150 attendances, June–November 2014).

Results Figure 1 shows results at the district general hospital

Half of the children who required readmission had the same croup score on their first admission and their second, implying that readmission was necessary due to lack of clinical improvement. At the tertiary centre, 90% (135) patients received a dose of dexamethasone on their first presentation and 10% (15) children re-attended.

With 1 in 10 patients being readmitted despite one dose of dexamethasone, we conducted a regional survey of paediatricians in our deanery to assess baseline practice for multi-dose dexamethasone. The survey contained a hypothetical case scenario of a child with croup (stridor and chest wall retraction at rest) who received a dose of dexamethasone. At 12 h the patient improved with no symptoms at rest but symptoms on exertion. Respondents were given four management options, as shown in Table 1. A total of 112 responses were received, 44% from consultants.

The results demonstrate a wide variation in practice. 23% of respondents stated that their choice was based on trust guidelines, whereas 77% stated it was personal practice.

Conclusion The high readmission rate, variation in practice and lack of evidence for administering a second dose of dexamethasone in croup suggest this is a topic that would benefit from a research project.

G96(P) OPTIMISING FACIAL IMAGING FOR TRAUMA IN A PAEDIATRIC EMERGENCY DEPARTMENT (ED)

[1]JC Chapman, [2]E Petridou, [3]S Hartshorn, [2]K Johnson. *[1]General Paediatrics/Paediatric Intensive Care Unit, Royal Stoke University Hospital, Stoke-on-Trent, UK; [2]Radiology Department, Birmingham Children's Hospital, Birmingham, UK; [3]Emergency Department, Birmingham Children's Hopital, Birmingham, UK*

10.1136/archdischild-2015-308599.95

Aims In the context of trauma, plain facial X-rays do not represent the gold standard imaging modality, as many patients with equivocal findings will require further imaging with facial CT views. The aim of this project was to review the use of facial X-rays of patients seen in a paediatric ED following trauma, to ascertain the degree of correlation between clinical signs and radiological findings.

Methods Retrospective review. All facial X-rays performed within the ED over a 1 year period (09/2012–09/2013) were identified from the hospital PACS system. Clinical details were obtained from the ED notes and compared with the X-ray report from a consultant radiologist.

Results See Figure 1 below.

Conclusions The vast majority of facial X-rays performed in our ED showed no evidence of fracture. A negative X-ray may be falsely reassuring as, in some cases, clinical suspicion of bony injury was high, but no further investigation/referral was made. In other cases, a facial CT was performed despite a negative facial X-ray. Therefore, in general, facial X-rays and their interpretation by ED clinicians do not appear to make a significant difference to the subsequent clinical management of patients. If suspicion of fracture is high then CT would be a better imaging modality, as where suspicion remains high an equivocal plain X-ray result would not confidently exclude facial bone fracture.

On the basis of this we have developed a new clinical guideline which stratifies patients into 3 management paths according to clinical signs and symptoms:

Low Risk	Medium Risk	High Risk
No imaging	ED clinic follow up in 2–3 days	
Patient	Facial X-ray (with rapid radiology	
discharged with advice	reporting) if clinical concern persists	Facial CT

Our intention is to reduce the number of unnecessary facial X-rays, and practice will be re-audited one year post-implementation.

G97(P) AUDIT OF SAFEGUARDING OF CHILDREN PRESENTING WITH DOG BITES TO THE EMERGENCY DEPARTMENT

TJ van Hasselt, R Bowman, M Sajeel. *Emergency Department, Good Hope Hospital, Birmingham, UK*

10.1136/archdischild-2015-308599.96

Aims Recently there has been much media coverage of dog attacks on children. NICE guidelines for management of dog bites recommend that inadequate supervision should prompt consideration of child neglect.

G95(P) Best practice: one or two doses of dexamethasone for the treatment of croup?

F Roked, M Atkinson and S Hartshorn

Arch Dis Child 2015 100: A40-A41
doi: 10.1136/archdischild-2015-308599.94