

Results Mean age at presentation is 5.2 years (SD 1.8) [one month- 15 years]. During the sampled time frame (01/06/14–31/08/14) there were a total of 54 presentations with a discharge diagnosis of conjunctivitis. 86% (25/29) were correctly diagnosed bacterial conjunctivitis. 52% (13/25) were correctly diagnosed allergic conjunctivitis. 30 of the patients had documented features of bacterial conjunctivitis. 40% (12/30) had an eye swabs taken. A total of 13 eye swabs were taken of which only one was indicated. 86% appropriately treated with topical antibiotics. 85% appropriately treated with antihistamines. 7% (3/41) were inappropriately treated with antihistamines. 28% (15/54) were referred for specialist opinion.

Discussion Conjunctivitis is a common presentation to a paediatrics emergency department. Indiscriminate use of microbiological investigations is a significant financial burden to the hospital and one, which can be easily eradicated. Prescribing of topical antibiotics or oral antihistamines should be based on sound clinical grounds so as to avoid unnecessary medicating of patients. Specialist referrals should be well considered.

G104(P) RESUSCITATION EXPERIENCE OF PROFESSIONALS AT A DISTRICT GENERAL HOSPITAL (DGH)

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Introduction The caseload of critically ill patients at a DGH is usually smaller compared to tertiary hospitals. There are some concerns that modern centralisation of services may deskill clinicians at DGHs. Technology Enhanced Learning has an important role to play in improving training. We aimed to analyse professionals' experience, their role and confidence in performing resuscitation and also their opinion about simulation training.

Method We conducted a survey at Ysbyty Gwynedd to determine experience of medical and nursing colleagues in managing critically ill children and neonates over last 6 months. A questionnaire asking various aspects of resuscitation was sent out to nursing colleagues and paediatric doctors working at all levels. Of the 50 distributed questionnaires, 40 were completed and returned to us.

Results While only 30% had exposure to resuscitation more than twice over preceding 6 months period, approximately 35% had once or no experience. Those who had exposure more than twice felt confident in performing resuscitation. While only 10% were involved in full cardiopulmonary resuscitation, about 30% were involved in airway and breathing and another 20% in circulation. Over 90% stated that they would like to have regular simulation training at least monthly as they felt it will help in coping with actual resuscitation.

Conclusion There is limited data available in literature to determine frequency of managing critically ill children at individual level. This study shows that most health professionals have limited exposure to resuscitation situations at a DGH and nearly all paediatric staff wishes to receive regular simulation training.

G105(P) YOUTH VIOLENCE: AN EDUCATIONAL SOLUTION?

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Background Violent/knife crime remains a significant public health challenge in the UK and Europe. Young people are disproportionately affected. Both physical injury in the short term and long term psychiatric conditions such as behavioural problems, post traumatic stress disorder, and substance misuse can result.¹ Assault with a sharp instrument accounted for 3849 UK admissions to hospital last year² and so interventions which can reduce levels of violent crime and improve outcomes of victims of violent crimes are needed. StreetDoctors is a registered charity where basic life support and haemorrhage control sessions are taught to at risk young people in order to reduce mortality and morbidity from violent crimes. Since 2008 StreetDoctors has grown year on year to the point of expanding to 13 universities. Thanks to the hard work and dedication of the medical student volunteers we have taught well above 2500 young people ages 12–18.

Method A national approach was used to survey whether the young people were benefitting from our teaching. A pre and post teaching questionnaire was filled out by the young people to assess prior knowledge and knowledge gained

Results There was an increase of 14.75% of young people knowing how to deal with someone who is passed out but breathing and an increase of 35.62% of young people knowing what to do when they found someone bleeding. A mean increase of 0.86 and of 0.92 points on a 1–10 scale answering the questions “how likely are you to help someone who’s been stabbed/is unconscious” respectively was also found.

Discussion This is the first time data has been collected across the country and our results show that the basic life support and haemorrhage control teaching we provide is having a positive impact on both the knowledge and willingness to help of the young people

REFERENCES

- 1 European report on preventing violence and knife crime among young people. WHO, 2010
- 2 Recorded Offences Involving the Use of Weapons. Focus on Violent Crime and Sexual Offences, Chapter 3 2012/2013 Release. Office for National Statistics. Feb 2014.

G106(P) INAPPROPRIATE AMBULANCE USE IN PAEDIATRICS

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The use of the ambulance service and emergency department for non-urgent needs is considered a significant contributor to health system inefficiencies and a financial stressor. We performed a retrospective audit of children “inappropriately” transferred to a central London paediatric emergency department (PED) by ambulance during the period February to April of 2014. Inappropriate ambulance transfer was defined as children over the age of 2 years who did not require interventions or investigations in the PED, who had not been advised to call an ambulance by 111 or primary care services, and whose presenting complaints or diagnoses did not have any features which might be interpreted as worrying by non-medically trained caregivers. 512 patients were transferred to the PED by ambulance during the study period, of these 102 (20%) were admitted to hospital. 309 (60%) did not require any investigations or interventions (excluding observations and simple analgesia) and of these, 174 (33%) were thought to represent potentially avoidable and “inappropriate” ambulance transfers. With finite resources and pressures on both the London ambulance service and PED