

children from other and mixed ethnic origin. In infants (n=184) there was no significant difference between actual weight and also formula calculated weight. Between the age of one to ten years the ERC formula underestimated the weight significantly by a progressively larger amount with advancing years in both Asian and Caucasian children with the Luscombe formula performing best. In the 6–10 year age group the ERC formula underestimated the weight by a mean of 6.6 kg (22.2%, p<0.001) with the alsj and Luscombe formulas performing best. In this age group female Asian children's weight was underestimated most (mean of 9.5kg, 29.1%). In 11–12 year old children the alsj formula fitted well.

**Conclusion** In one to ten year old children the Luscombe formula provided a better weight estimate than alsj and European Resuscitation Council formulas in a multi-ethnic population in the United Kingdom.

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#### AUDIT OF LEVEL OF TRAINING AND EXPOSURE OF STAFF TO PAEDIATRIC EMERGENCIES IN A PAEDIATRIC HOSPITAL

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**Background** The level of training and exposure to paediatric emergencies may vary between health care individuals within any hospital providing care to children. Various recognised training courses are designed to help all staff achieve and maintain good resuscitation skills and these courses need to be revalidated to ensure high quality of patient care.

**Objectives** To audit the level of training and exposure of staff to paediatric emergencies in a paediatric hospital.

**Methods** All staff (Consultants, Non Consultants Hospital Doctors (NCHDs, and Staff nurses) were asked to fill in an anonymous questionnaire related to their training and exposure to various paediatric emergencies within the previous year.

**Results** 44 questionnaires were completed. 4 Consultants, 12 NCHDs, 28 Nurses. All consultants had attended paediatric emergencies, all had up to date courses. 10/12 (83%) NCHDs had attended paediatric emergencies, 6/12 (50 %) had up to date courses. 2/12 (16%) had not revalidated their training, 4/12 (33%) had no training course. 21/28 (75%) nurses had attended paediatric emergencies, 6/28 nurses (21%) had up to date courses. 3/28 nurses had not revalidated their training and 19/28 nurses (67%) had no training course. 0.9/44 (20%) of all staff were not exposed to any paediatric emergency, 35/44 (80%) of all staff had attended a paediatric emergency, yet 23 (52%) of them had no training course.

**Conclusion** Regular audits reviewing the level of training and exposure of staff to paediatric emergencies are recommended to encourage all staff to maintain and revalidate their training, enabling the provision of high quality of patient care and ensuring patient safety.

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#### PAEDIATRIC HEAD INJURIES: A LONDON TRAUMA CENTRE PERSPECTIVE

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**Aims** Our aim was to determine the demographics, mechanism of injury and immediate outcome of a specific group of paediatric head injury patients: those who triggered 'trauma calls' and were initially managed in the emergency department (ED) resuscitation room due to either abnormal vital signs or a significant mechanism of injury. We also reviewed presentation times to assess the service provision implications.

**Methods** A retrospective review of all paediatric trauma patients managed initially in the resuscitation room over a three-year period. Data were collected from trauma notes and intensive care discharge summaries.

**Results** The total number of patients was 340. Of these 72% were male. The age breakdown was as follows: 31% less than 5 years, 33% aged 5 to 12 years and 35 % adolescent. The most common mechanisms of injury were road traffic accidents (RTA) with an incidence of 55%, and falls (31%). However in the pre-school group falls accounted for 53% of cases whereas in the 5–12 year group the incidence of RTAs was 70%. Assault caused 23% of presentations in the adolescent group.

Regarding admissions, 63% were admitted for overnight observation, 27% required critical care and 0.1% died in the emergency department. Only 7% were discharged home from the ED. Peak presentation occurred from 15:00 to 21:00 hours.

**Conclusions** There are ongoing public health concerns regarding the mechanisms of injury. RTAs remain the leading cause of serious head injury but of note is the high number of pre-school children falling from significant heights at home.

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#### RECIDIVE LARYNGITIS EPISODES AND ITS CORRELATION WITH ALLERGIC CONSTITUTION IN CHILDHOOD

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There is still opacity in aetiology of laryngitis episodes, especially those repeated. Laryngitis can result from exposure to allergens like pollen, dust, smoke and other irritants. The aim of this study is to determine the degree of correlation between repeated laryngitis episodes and allergic component.

**Material and Methods** In this study were included 561 children with treated laryngitis for the period of 5 years (2006–2011). From them, 104 (18.53%) patients have had medical history about repeated laryngitis episodes, with hospital treatment. The emphasis of our investigation was made on these patients. In addition to other clinical investigations, skin prick tests about allergy predisposition were performed in all of them. Personal and familiar evidence about allergy was assessed, too.

**Results** Positive results from allergologic skin prick tests were confirmed in 53 (50.96%) patients. From them, in correlation with this basic disease, allergic constitution (asthma, allergic dermatitis, and allergic rhinitis) was determined in 39 (73.58%) patients. The most positive allergen causes were: pollens –24 (45.28%), Dermatophagoides ptt. –19 (35.84%) patients etc. From those 39 patients with negative results on allergic skin prick tests, 17 (43.58%) had positive anamnesis of personal/familiar allergy, allergic dermatitis in 8, asthma in 6, recidivate broncho-obstructive episodes –5, positive asthma anamnesis –3. Allergy was not evidenced in only 12 (11.53%) patients.

**Conclusion** Repeated laryngitis episodes have high degree of significant correlation with allergic constitution in childhood. Allergy is appeared as very important factor in repeated laryngitis episodes etiology. The underlying cause of repeated laryngitis episodes necessarily have to be diagnosed and treated.

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#### THE CHARACTERISTICS AND OUTCOMES OF FOREIGN BODY INGESTION AND ASPIRATION IN CHILDREN DUE TO LODGED THE AERODIGESTIVE TRACT

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