

1561 STRATEGIES TO IMPROVE PAEDIATRIC INPATIENT PRESCRIBING PRACTICE IN THE UK

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Background and Aims Errors are common in paediatric inpatient prescribing. This audit cycle assessed the impact of new strategies aimed at reducing prescribing errors.

Methods Drug charts from short-stay admissions in January 2010 were assessed retrospectively. Two gold standards were used; local hospital prescribing guidelines and the British National Formulary for Children (BNFC) 2009. From these results, a number of strategies were implemented to improve practice: prescribing training for new doctors was enhanced; a mandatory prescribing competency assessment was introduced; awareness was raised through local and regional presentations; increasing the availability of BNFC in clinical areas; daily pharmacy endorsements of drug charts and provision of Doctors' name stamps; and recommendations for a drug chart re-design. We then re-audited using identical methods in July 2010.

Results A total of 106 charts were assessed. Changes in documentation were found as follows:

Improvements: reason for non-administration (+26%), allergy status (+20%), at least one medication pharmacy-endorsed (+16%), date of birth (+5%), dose in mg/kg where applicable (+5%), frequency for all medications (+2%), 'micrograms' written in full (+1%).

No change: patient name (100%), no unofficial abbreviations (100%), weight (96%), signature when administered (96%).

Worsening: appropriate decimals (-6%), doctor's name stamp (-6%), start date (-5%), total dose (-2%), administration route (-1%).

Conclusions This audit revealed significant improvements in paediatric prescribing following implementation of our recommendations. However, key areas were identified for further improvement. Current work includes continued development of training, a dedicated prescribing area on the ward, regular monitoring of drug charts and continuing re-audit.

1562 MALTREATMENT IN CHILDHOOD AND ADOLESCENCE - HOW WE KNOW?

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Background and Aims Only with the 1988 Constitution (Article 227), Brazil began to recognize the child as "subject" of rights and not as property of their parents. This constitution created the Statute of Children and Adolescents (Law 8069/90) which states that children and adolescents are carrying special rights, ie they must be respected and protected. Today violence is considered a universal phenomenon that affects all ages, social classes, religions, and is one of the most serious public health problems, is the leading cause of infant mortality from the age of five. This study aimed to analyze the children admitted to the Teaching Hospital Alcides Carneiro, Brazil suspected of Maltreatment.

Methodology Cross-sectional study of cases reported to the Guardian Council of Petrópolis at the Pediatric Hospital Alcides Carneiro, from May 2007 to March 2010.

Results met the inclusion criteria of the study 61 patients, of whom 55% were female. Of the total, 15.27% had multiple types of abuse, a total of 72 reports (63.7% Neglect, physical abuse 19.4%, Sexual 12.7% and Psychological 4.2%). As to age: infants 36%, 13% preschoolers, school 16.4% and 26.2% adolescents. The mother was

responsible for 73.8% of assaults and father by 44.3%, and in some cases both are equally liable.

Conclusion This study draws attention to the magnitude of the problem to be faced by those in the routine is responsible for the comprehensive care for the child's health.

1563 PEDIATRIC HOSPITALIZATIONS FOR IDENTIFICATION OF FOREIGN INJURIES TEACHING HOSPITAL IN THE PERIOD 2004 TO 2010

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Background and Aims In recent decades in our country, were deployed care programs and child health by facilitating the identification of external injuries. Among others, the disease control immunopreventable contributed to external causes was put among the leading causes of morbidity and mortality. The objective of this study was to identify pediatric hospitalizations for injuries in external Teaching Hospital, Maternal Child Health Reference of the city of Petrópolis, mountainous region of the State of Rio de Janeiro, Brazil.

Methods Cross-sectional study of pediatric hospitalizations with a diagnosis of Injury in the period 2004 to 2010 in Teaching Hospital is not referenced to childhood trauma.

Results 7397 children were hospitalized during the study period, 311 being distributed by external causes: TBI: 23.8%, 17.4% Burns; Mistreatment 17%, 13.5% exogenous poisoning; Multiple Trauma 8%; Presence of foreign bodies in orifices natural 7.7%, 1.5% Semi-drowning; Miscellaneous 11.1%. The number cases/year in 2004 was 2.6% and 8.2% in 2010. The gender distribution was 57.6% male, mean age of 5.2 years and duration of hospitalization was 7.3 days.

Conclusion The data analysis shows a relative increase of hospitalization for injuries in our hospital we attach to implementation and effectiveness of control programs for primary health care of the child.

1564 EFFECT OF AN INTERVENTION ON PERIPHERAL INTRAVENOUS CATHETER INFILTRATION RATES IN THE PEDIATRIC DEPARTMENT OF KING FAHAD ARMED FORCES HOSPITAL

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Background and Aims Peripheral intravenous catheterization is the most common invasive procedure among paediatric inpatients. Infiltration and extravasation are common complications, causing pain, discomfort, infection, nerve damage, and tissue necrosis. In an effort to reduce our rates, we designed a prospective intervention study.

Methods This was a prospective study performed in the Pediatric department of King Fahad Armed Forces Hospital. We recorded the infiltrations from Jan to June 2010, followed by the intervention during July and August 2010, in the form of in-services and laminated posters emphasizing site of catheterization, use of transparent tape and hourly cannula site inspection. The rates of infiltrations were then recorded from September 2010 - October 2011. Patients with any form of vasculitis, thrombotic or bleeding tendency were excluded. Descriptive data was recorded and rates were compared between pre- and post-intervention. Statistical analysis was performed using SPSS version 17.0.