The referral criteria is as follows:
- if there is allegation of CSA of more than 72 hours
- recurrent genito-urinary symptoms with concern of CSA
- disturbed behaviour suggestive of CSA
- history of worrying contact with sexual offender suggestive of CSA

Evaluation Retrospective audit of referrals received over a period of two years from January 2010- December 2011 by reviewing the records.

Total of 32 referrals were received. Out of the 32 referrals, 20 (16 girls and 4 boys) were in 2010 and 12 were (8 girls and 4 boys) were in 2011.

Age group

Abstract G221(P) Table 1

	2010	2011
Less than 1 year	1 (5%)	1 (8.3%)
1–5 years	4 (20%)	6 (50%)
5–10 years	11(55%)	2 (16.6%)
10–13 years	2 (10%)	1 (8.3%)
Over 13 years	2 (10%)	2 (16.6%)

Source of referrals In 2010, 14 (70%) referrals came from social services, 3 (15%) from Police, 2 (10%) from GP and 1 (5%) child from the local hospital.

In 2011, 8 referrals were received (66.6%) from Social Services and 4 (33.3%) from Police.

Reasons for referral Disclosure by the child 12/32 (37.5%), Vaginal discharge/bleeding 7/32(21.8%), Behavioural changes 3/32(9.3%), Genital warts 2/32(6.2%), Witnessed by others 1/32(3.1%), Genital injury 1/32(3.1%), Parent downloading indecent images of children 2/32(6.2%). The history was vague in 3/32 children (9.3%).

Conclusion

- Majority of cases met the referral criteria.
- 1–10 years of age were the largest group.
- Quarter of the children was boys.
- Majority of referrals came from social services.
- The most common type of referral was disclosure by the child.
- The referral criteria were revised in 2011 which explained the reason for drop in referrals in 2011.
- The opening of SARC in 2011 has helped to provide comprehensive package of care.

G222(P) A REVIEW OF SKELETAL SURVEYS 2008–2012 AT KCH – *A SAFEGUARDING PERSPECTIVE*

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Aims We compared the skeletal surveys done at King's College Hospital (KCH) to the guidelines of the Royal College of Paediatrics and Child Health (RCPCH) and the Royal College of Radiologists (RCR). We reviewed the skeletal surveys performed in children for suspected Non-Accidental Injury (NAI). We included both radiological and social conditions for each patient.

Methods The KCH radiology department maintains a list of all skeletal surveys performed by it. We reviewed the cases of children aged between 0 and 16 yrs who had skeletal surveys between 2008 and 2012 using information held on the electronic patient record and PACS.

Results 100 skeletal surveys were performed on children aged between 0 and 16yrs between 2008 and 2012. 81 of these were for investigation of possible NAI, of which 37% proved positive for NAI. A more detailed look at these positive cases revealed that 81% of these were aged less than 1yr and 6% were greater than 2 years old. 88% of surveys completed all the recommended x-ray views but only 49% of children had a follow-up chest x-ray as recommended. 81% were carried out while the child was an inpatient. The majority of children were not previously known to social services, signified by the fact that only 19% were on a child protection plan. Since KCH is a tertiary referral centre many children came from outside of the Lambeth and Southwark boroughs (44%).

Conclusions KCH performs well against the standards set by the RCPCH and the RCR in performing skeletal surveys. The numbers stated above are comparable with other centres. KCH may see slightly higher numbers of children investigated for NAI, but this is due to the fact that it is a tertiary referral centre. The surrounding boroughs of Lambeth and Southwark are densely populated areas with a relatively young population compared to national averages. The population is multi-ethnic and diverse with high unemployment and poverty. These are all risk factors for NAI and the safeguarding team at KCH have to be especially alert to the possibility of NAI.

G223(P) A COMMUNITY-BASED STUDY ON THE ACCEPTABILITY, EFFICACY AND SAFETY OF BUCCAL MIDZOLAM IN CHILDREN WITH EPILEPSY

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Background Convulsive status epilepticus is the most common paediatric neurological medical emergency and confers a high degree of morbidity and mortality. Early treatment before admission to hospital is pivotal and thus, an efficacious rescue therapy that can be administered easily, acceptably and safely is paramount. In the paediatric population, rectal diazepam has often been regarded as the first-line therapy; it has shown to be efficacious (inducing remission in 60–80% of patients), however, issues persist regarding its safety, especially the risks of respiratory depression and seizure recurrence. Buccal midazolam has emerged as an efficacious alternative and its use as a rescue therapy in status epilepticus is widely increasing; despite this, little is known about the effectiveness and side-effect profile of buccal midazolam from the perspective of carers.

Aims To identify the efficacy, safety and acceptability of buccal midazolam as a rescue therapy in children with prolonged epileptic seizures from the perspective of carers.

Methods Community-based face-to-face interviews (existing research had utilised telephone interviews) of 25 patients under the care of our department was undertaken to evaluate the effectiveness, adverse effect profile and acceptability of buccal midazolam as a rescue treatment for prolonged seizures. All children were administered Epistatus, a proprietary oral solution (10 mg/ml).

Results The doses administered as rescue therapy varied from 2.5 to 10 mg. We evaluated therapeutic success, time taken for cessation of seizures and necessity for emergency department attendance. We also looked at the development of side-effects, namely respiratory depression and sedation following its administration. 96% of families who had used buccal midzolam found that it usually effective in seizure termination and that it prevented hospital admission in 65% of cases. 100% of our patient cohort who had used both buccal midazolam and rectal diazepam preferred the former due to its easiness of administration, social-acceptability and its lesser sedative effect.

Conclusion Our study indicates that buccal midazolam is an efficacious alternative to rectal diazepam and that its use is preferred by patients.

Please note: *Although our current sample size is 32, we plan to increase this to 50 by the time of the conference.*