

Results There was a significant reduction in admission rates after institution of the new policy. The proportion of hospital admissions to PED observation unit cases was significantly reduced as a whole from $64.9\% \pm 5.1\%$ to $33.2 \pm 0.6\%$ and also for the common paediatric problems studied.

Conclusion A multidisciplinary paediatric emergency department policy, using as much available evidence as possible, was successful in significantly reducing paediatric hospital admissions.

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IMPROVING THE STANDARD OF INVASIVE PROCEDURES IN PAEDIATRICS - A TEACHING INTERVENTION TO ALIGN CURRENT PRACTICE TO BRITISH PSYCHOLOGICAL SOCIETY GUIDELINES

M Monaghan, J Criddle, A Osborn. Paediatric Emergency Department, Evelina London Children's Hospital, London, UK

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Background/aims Invasive procedures (eg intravenous cannulation) remain a leading cause of distress in children. They are performed daily yet rarely taught formally, leading to variation in practice. The British Psychological Society (BPS) created guidelines in 2010, although these have yet to be implemented in a formal teaching programme. Our teaching intervention aimed to align practice to BPS guidelines and improve professional confidence.

Methods Teaching sessions were delivered to professionals involved in cannulation at two South London hospitals by a senior play specialist and a paediatrician. Sessions covered assessment, preparation, teamwork, implementation and post-procedural care. A poster containing a flowchart was used for teaching and departmental reference.

Results Thirteen professionals involved in cannulation (9 medical, 4 nursing) reported their previous teaching experiences. 5 reported never receiving training in paediatric invasive procedures, 6 informal teaching and only 2 receiving formal teaching (1 medical, 1 nursing). Pre-intervention confidence was 5.7/10 ($n = 13$) [range 0–8]. This improved to 7.3/10 [range 4–9] post intervention. The intervention usefulness was rated 8.3/10 ($n = 12$, range 5–10). When self-reporting practical considerations for cannulation, 8/12 mentioned local anaesthetic creams but only 6/12 mentioned using distraction or a play specialist.

Conclusions This intervention aimed to address the lack of formal teaching available in Paediatric invasive procedures. It highlighted areas of BPS guidance that remain underappreciated despite their greater efficacy (eg the importance of distraction vs anaesthetic cream). Initial levels of confidence showed improvement post-intervention. We recommend this teaching intervention to be used regularly throughout Paediatric departments and undergraduate medical programmes.

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HEALTH-RELATED QUALITY OF LIFE OF PORTUGUESE CHILDREN AND ADOLESCENTS IN PRIMARY CARE: REGIONAL CHARACTERISTICS AND COMPARISON TO EUROPEAN DATA

¹I Marques, ²M Abreu, ¹C Praelhas, ²M Martins, ¹AG Silva, ³TM Fernandes, ⁴R Ascensão, ³P Gomes. ¹Paediatrics, Centro Hospitalar Barreiro-Montijo, Barreiro, Portugal; ²Paediatrics, Hospital Pedro Hispano, Matosinhos, Portugal; ³Family Medicine, Unidade Saúde Familiar Infesta, Matosinhos, Portugal; ⁴Family Medicine, Unidade Cuidados Saúde Personalizados Sete Rios, Lisboa, Portugal

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Background Children and adolescent health has been recognised as an important indicator of a country's development and global health. Adopting a health-related quality of life (HRQoL) approach can not only increase understanding of their own health but also help to establish policies that promote their safety and wellbeing.

Aims Evaluate HRQoL in a sample of Portuguese children and adolescents at primary care level, and assess age, gender and regional differences. Compare these results with the available European data.

Methods Cross-sectional observational study. Participants included 163 children and adolescents aged 8–18 years, presenting to a regular follow-up consultation at two primary care services (Lisbon and Oporto), during a six months period between 2012/13. HRQoL was assessed using KIDSCREEN-27, a self-report questionnaire that consists of five dimensions: Physical Wellbeing, Psychological Wellbeing, Autonomy and Parent Relations, Social Support and Peers, and School Environment. Statistics were calculated using SPSS Statistics 20.0.

Results The HRQoL scores, in all five dimensions, were consistently lower in female gender, adolescents and patients from Oporto region. However, statistically significant differences were found only for gender and age at the physical wellbeing dimension ($p = 0.001$ and $p = 0.02$, respectively). Compared to the European data our patients presented significantly higher HRQoL scores in all five dimensions ($p = 0.025$).

Conclusions The results underline the fact that females and adolescents should be the main targets when planning successful health policies and practices. Also, they call the attention for loco-regional differences that must be taken into account. Despite our patients presenting higher HRQoL scores, the results are according to the literature.

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CHILDREN'S CLINICAL PROFILE: TERTIARY PAEDIATRIC BALANCE CLINIC

¹A Shetye, ²E Raglan. ¹Department of Audiological Medicine, East and North Herts NHS Trust, Stevenage, UK; ²Department of Audiological Medicine, Great Ormond Street Hospital NHS Foundation Trust, London, UK

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Main purpose The main aim was to analyse the clinical profile of children with and without hearing impairment referred with various vestibular related symptoms attending a tertiary balance clinic over six months. Children undergoing pre-cochlear implant assessment were also included.

Design of study A thorough clinical history and evaluation of auditory and vestibular assessment was undertaken. Diagnosis of the medical condition was made on the basis of all the above.

Results One hundred and twenty four consecutive patients (55 female and 69 male) were included. The age range was 9 months to 18.5 years (mean age 9.41 years). Multiple professionals referred these patients.

Associated conditions: Ten patients had a history of migraine, 8 had cyclical vomiting, 8 had CHARGE syndrome, 7 referred post-meningitis had labyrinthitis ossificans. Three patients sustained head injury.

Signs:- Two patients had positional nystagmus: one with history of head injury, the other sustained vibration injury to the labyrinth caused during fairground rides. Head impulse test was positive bilaterally in seventeen patients, indicated by the presence of catch-up saccade, a clinical feature of vestibular failure.