

Continuous and categorical data were summarised as median with interquartile ranges and proportions respectively. Continuous variables were compared with Mann Whitney rank-Sum test and categorical variables by Fisher exact test. Statistical significance was taken as  $p < 0.05$  for all tests.

**Results** Twenty seven admissions were identified. The median age was 8 (5–18) months. Respiratory syncytial virus (37%) was the most common virus isolated.

Fourteen (52%) patients have CHD. There was no difference in proportion of children with DS and CHD requiring high dependency care (HD) compared to those without. (4/14 *vs.* 2/13,  $p = 0.648$ ). There was no difference in proportion of those with DS and CHD requiring intensive care (ICU) and those without (1/14 *vs.* 1/13,  $p = 0.999$ ). There was no difference in median LOS between those with CHD and those without. (6.5 *vs.* 7 days,  $p = 0.678$ ). After excluding those CHD with corrective surgery done, there is still no significant difference between the two groups.

**Conclusion** We did not find any association between CHD and increase in morbidity among children with DS admitted for bronchiolitis.

**PS-361 EVALUATING PARENT SATISFACTION WITH MEDICAL CORRESPONDENCE FOLLOW UP METHODS AFTER A CARDIOLOGY OUTPATIENT CLINIC VISIT IN OUR LADY'S CHILDREN HOSPITAL, IRELAND**

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10.1136/archdischild-2014-307384.660

**Background and aim** Primary: To evaluate parents' satisfaction toward being copied into their GP letters after Paediatric Cardiology outpatient visits. Secondary: To explore acceptance of other methods of communication, and factors affecting acceptance.

**Methods** This was a quantitative, descriptive, cross sectional study assuming a positivistic approach. Questionnaires filled by participants were used to collect data in Cardiology Outpatient. September 10th to October 17th, 2009. Patients attending during the specified period were included; new referrals were excluded. A representative sample was calculated at 55 participants. 87 agreed to participate but only 66 returned questionnaire. Data was imported and analysed using PASW 18.

**Results** 97% of Participants were satisfied when copied into GP letter. Parents discussion with a Paediatrician was the most helpful followed by GP, nurse, family member and other parents, with similar experience. Paediatrician was first choice for parents to discuss their children's health followed by GP, nurse, and other Parents. 60% of Participants found the internet to be a helpful source for information, and 51% found Patient Education Material (PED) helpful. Despite this Parents prefer PED to Internet. 94% of Participants want to receive a copy of Paediatrician letter, but were divided over other methods of communication. Receiving a letter contributes significantly to parents' satisfaction ( $p = 0.008$ ). Gender and level of education was shown to influence participants' choice of communication.

**Conclusion** Parents hold high regards for being part of communication between health professionals. The use of medical terms does not render the usefulness of the letter to parents.

**PS-362 EPIDEMIOLOGY OF OROFACIAL CLEFTS IN EMILIA ROMAGNA AND TUSCANY REGIONS**

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10.1136/archdischild-2014-307384.661

**Background and aim** Epidemiological information gathered through Birth defects surveillance is an important adjunct to carrying out clinical and etiological research.

**Methods** An Italian epidemiological investigation on Orofacial clefts (OFCs) conducted by the Congenital Malformation Registries of Emilia/Romagna (<http://www.registroimer.it/>) and Tuscany (<http://www.rtdc.it/>) in the period 2001–2011 identified 751 of OFC cases among 724,944 with an overall birth prevalence of 1.04/1,000. Birth prevalence of OFC varies significantly in Europe ranging from 6.2 to 22.9 with a European mean value of 14.5, showing a clear difference between the north and south of Europe (<http://www.eurocat-network.eu/>). The complex model of inheritance and the frequently conflicting results in different populations on the role of genes that constitute risk factors, suggest the presence of real biological differences.

**Results** Recorded cases included 166 (22%) CL, 286 (38%) CLP and 299 (40%) CP. A predominance of males among CL (P) (M/F 1,60) and of females among CP (M/F 0,79) as confirmed. Among 751 of OFC cases, 661 were live births (88.0%), 7 stillbirths (0.9%), while 83 (11.1%) were terminations of pregnancy. 522 cases (69%) were isolated, 118 cases (16%) OFC were present in recognised condition, and 111 cases (15%) were associated with other congenital malformations (MCA). The study confirmed that cardiovascular (27%), musculoskeletal (21%) and central nervous system (21%) defects are frequently associated.

**Conclusions** Thus a routine screening for other malformations may need to be considered in infants with OFC and a multidisciplinary approach of these patients to be organised starting from birth.

**PS-363 ACUTE PAEDIATRIC ADMISSION UNITS (APAU) CAN REDUCE OVERALL ADMISSIONS AND IMPROVE QUALITY OF CARE IN A DISTRICT GENERAL HOSPITAL (DGH) SETTING**

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10.1136/archdischild-2014-307384.662

Despite UK wide enthusiasm for Acute Paediatric Admission Units the wide variation in unit size and configuration makes generalisation of impact difficult. We believed that introducing an APAU in a DGH setting had the potential to reduce admissions, improve quality of patient care and help meet RCPCH quality outcomes.

**Aim** To design, implement and audit an APAU with a defined patient pathway for all acute referrals. Primary outcomes would include admission rates, time to assessment, time to decision and questionnaires.

**Method** Retrospective data was collected to provide a baseline against which to judge efficacy of intervention. A designated area was identified and equipped as an APAU. Patient pathways were agreed along with a new admission proforma. A 4-week