Background The Japan Paediatric Society is currently surveying information management strategies at other societies in order to gain insight for the future development of their own information management strategy. To this end, we conducted a survey of personal information management strategies upon admission to subcommittees of the Japan Paediatric Society as a pilot study.

Objective The present study aimed to clarify the state of personal information management upon admission to Japan Paediatric Society subcommittees in order to determine information management strategies in the future.

Methods The contract terms for physicians upon admission to Japan Paediatric Society subcommittees were examined based on subcommittee websites.

Results Of the 23 subcommittees, 21 had websites, and one did not have a working URL to the website (as of April 4, 2014). Moreover, one subcommittee did not have information pertaining to admission on its website. Accordingly, we surveyed the 19 subcommittees which had websites that could be analysed. Information provided by the subcommittee websites included the following: basic information regarding how personal information is handled, 3; recommendation required, 5; name, 19 (furigana, 16; English 6), gender, 15; birthday, 17; home address, 19; home phone (fax), 19; e-mail address, 18; workplace, 19; work address, 19; work phone number, 19; specialty, 10; and highest academic degree, 5.

Conclusion From the perspective of information management, the Japan Paediatric Society must maintain close collaboration with the various subcommittees in the future.

Background A Do Not Resuscitate (DNR) order would be similar to many of the decisions a physician faces daily if it did not call for ethical and legal considerations. To comply with the intent of the order, a physician must be certain that further resuscitation is futile and is a waste of resources.

Method We offer both ways of DNR for parent of 25 cases in the last 12 months (10 cases were extrem preterm 23 weeks with bilateral IVH grad 4, and 4 cases were trisomy 18 with congenital, 4 cases of inoperable complex congenital heart disease).

Results After we explain to the parents about the prognosis of those cases, 12 of them agreed to not be aggressive in the resuscitation if the condition of the patient deteriorated, and 2 of them agreed to withdraw the therapy.

Conclusion The majority of scholars said that the treatment of patients is desirable (not a must) where there is a hope of recovery, and DNR order is Permitted (mobah) in cases of a high degree of certainty that resuscitation is futile to the Patient, but does not mean to stop the fundamental support like antibiotic, feeding, and IV fluid. The treatment is mandatory (sever pain-treatment is successful-infectious diseases that will spread to others) While the intentional interference of the doctor by giving the patient medication to hasten the death in some cases which is called Euthanasia it is absolutely forbidden in Islam.

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Results
In our cohort of 50 patients, HbA1c results reflected significant improvement from 2011 levels (see Graph 1). The complication rate was found to be comparable to International Standards (5,6) (see Table 1). There was no improvement in the key care processes performed (see Table 2).

Conclusion
Our improved HbA1c results reflect the increased frequency of appointments and use of basal bolus regimes.

REFERENCES
1 NICE 2009
2 NPDA 2009–2010
3 NPDA 2011–2012
4 IDF/ISPAD 2011 Global Guideline for diabetes in childhood and adolescence
5 Makie C et al. Prevalence of diabetes complications in adolescents with type 2 compared with Type 1 Diabete.

Abstract PO-0955 Graph 1

Abstract PO-0955 Table 1

<table>
<thead>
<tr>
<th>Complication</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Incidence</th>
<th>Rate of *p&lt;0.05</th>
<th>LS*</th>
<th>LS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retinopathy</td>
<td>12%</td>
<td>34%</td>
<td>5%</td>
<td>26%</td>
<td>24%</td>
<td>0%</td>
<td>20%</td>
</tr>
<tr>
<td>Nephropathy</td>
<td>2%</td>
<td>38%</td>
<td>66%</td>
<td>5%</td>
<td>0%</td>
<td>14%</td>
<td>27%</td>
</tr>
<tr>
<td>Borderline AER/ Microalbumin</td>
<td>6%</td>
<td>40%</td>
<td>54%</td>
<td>13%</td>
<td>9%</td>
<td>39%</td>
<td>6%</td>
</tr>
<tr>
<td>Hypercholesterolemia</td>
<td>22%</td>
<td>54%</td>
<td>24%</td>
<td>46%</td>
<td>28%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>HTN</td>
<td>10%</td>
<td>66%</td>
<td>24%</td>
<td>15%</td>
<td>14%</td>
<td>0%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Abstract PO-0955 Table 2

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c</td>
<td>96%</td>
<td>100.00</td>
<td>89.30</td>
<td>90.10</td>
</tr>
<tr>
<td>BMI</td>
<td>92%</td>
<td>0.08</td>
<td>64.70</td>
<td>70.30</td>
</tr>
<tr>
<td>Foot exam</td>
<td>28%</td>
<td>0.00</td>
<td>34.40</td>
<td>24.50</td>
</tr>
<tr>
<td>Eye screening</td>
<td>58%</td>
<td>65.52</td>
<td>36.90</td>
<td>25.80</td>
</tr>
<tr>
<td>BP</td>
<td>78%</td>
<td>86.20</td>
<td>67.70</td>
<td>56.80</td>
</tr>
<tr>
<td>Serum creatinine</td>
<td>88%</td>
<td>100.00</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>Urinary albumin</td>
<td>50%</td>
<td>86.20</td>
<td>40.70</td>
<td>36.50</td>
</tr>
<tr>
<td>Serum cholesterole</td>
<td>72%</td>
<td>75.90</td>
<td>44.40</td>
<td>29.90</td>
</tr>
<tr>
<td>% with all care processes</td>
<td>8.00%</td>
<td>N/R</td>
<td>6.70</td>
<td>4.10%</td>
</tr>
</tbody>
</table>
PO-0955 Closing The Loop – Successful Implementation Of Audit Recommendations In A Regional Diabetes Centre
S Glackin, O Neylon and S Molloy

Arch Dis Child 2014 99: A562-A563
doi: 10.1136/archdischild-2014-307384.1575

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Metabolic disorders (761)

Notes