



Abstract G296(P) Figure 3 Parent safety poster

Methods 451 emails sent by GPs and community health professionals over 10 months were reviewed. The final outcome of the email advice was categorised by three reviewers independently, with a paediatric consultant providing input when a consensus was not reached. Forty randomly selected community professionals and six paediatric registrars were contacted to provide feedback.

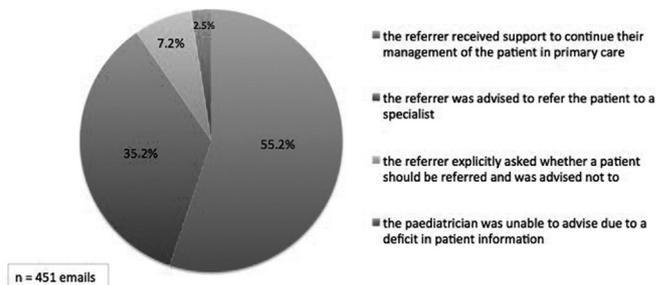
Results 99.6% of responses came from 91 GP practices in London. 62.7% of emails received a response within 1 working day. 55.2% of responses provided specialist paediatric advice to support the GP to continue managing the patient in primary care. 31% advised the GP to refer the patient to paediatric outpatients, while 7.1% were deemed to divert a potentially 'unnecessary referral' (Figure 1).

81.8% of community health professionals agreed that the email advice line has reduced their frequency of hospital referrals. 100% agreed that they were satisfied with the responses received. Benefits of increasing knowledge in paediatric problems were also highlighted.

Six paediatric registrars felt that managing the responsibility of answering the emails alongside their clinical duties was feasible. 5/6 surveyed registrars also felt the advice line enhanced their own knowledge and learning.

Conclusion The email advice line supports the management of paediatric patients in the community and potentially reduces referrals. It enables services to be signposted and directs referrals more effectively, so that patients see the 'right person, right place, first time.' GPs valued the ease of access and efficiency of response for specialist advice, and patient

Paediatrician's Advice



Abstract G297(P) Figure 1 Paediatrician's advice

satisfaction was reported by GPs as high. We believe this service empowers and enables GPs to manage paediatric patients with more confidence, and offers a unique opportunity to enhance education.

G298(P) SACRAL DIMPLES IN THE NEWBORN – DOING LESS (AND SAVING MONEY) SAFELY

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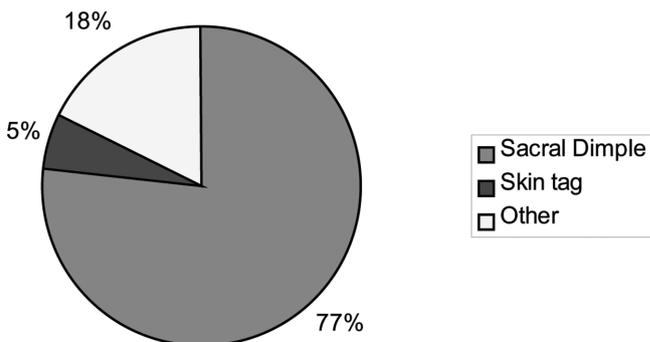
10.1136/archdiscchild-2015-308599.275

Background Although spinal dysraphism is often detected antenatally, identifying certain signs postnatally, which might indicate increased possibility of an abnormality is important. Sacral dimples are common, but they are probably over-investigated. We set out to audit 4 years of ultrasound scans to see if investigations and follow up arrangements could be improved.

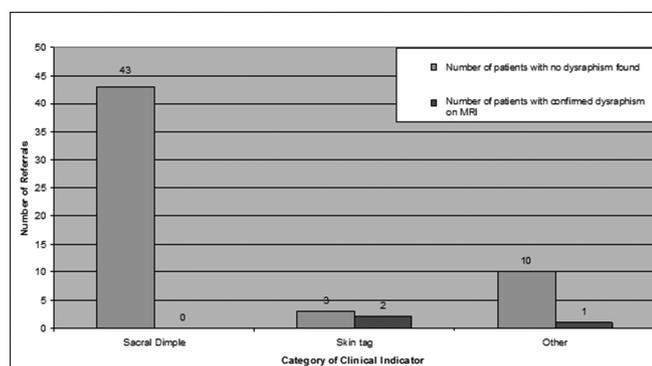
Methods All paediatric spinal ultrasound scans between February 2009 – August 2013 were checked for origin, indication and result. Any with uncertain or positive scans also had MRI scan results and notes review.

Results There were 56 scans performed, aged 0 days to 22 months. The majority were referred from hospital doctors (75%). Other sources included the orthopaedic clinic (16%) and the patient's GP (9%). Only 3 patients were found to have spinal dysraphism confirmed on US scan then MRI. From the 43 patients referred for investigation for a sacral dimple, none had spinal dysraphism. The three patients with spinal dysraphism all had either a skin tag or a hairy patch as an indication for the further investigation. From these results, and in keeping with available evidence, we have simplified the guideline for further investigation.

Clinical indicators used to refer for ultrasound scan – Figure 1



Abstract G298(P) Figure 1 Clinical indicators used to refer for ultrasound scan



Abstract G298(P) Figure 2 Total referrals for clinical indicators showing patients with Dysraphism on MRI

Total Referrals for Clinical Indicators Showing Patients with Dysraphism on MRI – Figure 2

Conclusions The presence of a simple sacral dimple is a poor marker for spinal dysraphism, and as a result we present a new guideline for use. By reducing over-investigation of babies with sacral dimples, there is scope for potential saving on time, resources, inconvenience to parents and cost.

G299(P) AWARENESS LEVELS OF THE PUBLIC IN DERBYSHIRE ABOUT THE QUALITY OF MEDICINES

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Aims The rationale for this study was to explore public' 1) willingness to consider the possibility of defective medicines; 2) awareness of the Yellow Card Scheme (YCS) to report any safety issues regarding medicines; and 3) views on purchasing medicines from online pharmacies and their awareness about the official logo of registered online pharmacies in the UK as the only mean to identify legitimate online pharmacies in the UK.

Methods This was a questionnaire study containing case scenarios derived from actual reported incidents of defective medicines from the MHRA. The questionnaire was piloted with 14 members of the public. All adults attending the outpatient department of the Derbyshire Children's Hospital, with or without a child, were considered as potential participants.

Results 400 questionnaires were completed and returned (response rate 90%). Only a few participants (8%) considered the possibility of manufacturer error in the first scenario when the defect was obscure (ibuprofen containing antipsychotic drugs due to packaging errors). The percentage increased to 37% in the second scenario when the defect was more obvious (an antihistamine with musty and mouldy odour). In both cases, most participants preferred to report complaints to healthcare professionals. Only 4% of the participants were aware of the YCS. More than one-third of the respondents (35%) felt that online pharmacies are convenient in terms of buying medicines and 41% of them said that they will consider buying medications from online pharmacies if they were sold at cheaper prices. However, only 9 (2%) respondents were aware of the official logo for legitimate and registered online pharmacies.

Conclusions The survey results showed that members of the public, in Derbyshire, were not aware about the possibility of

defective medicines or that they can report via the YCS. Furthermore, despite the growing acceptance of using online pharmacies to obtain medicines, participants were unable to identify legitimate pharmacies and therefore are vulnerable to the risk of purchasing defective medicines. This study recommends more public campaigns to increase awareness of YCS and the official online pharmacy logo.

G300(P) EMPIRICAL ACICLOVIR IN THE MANAGEMENT OF FEBRILE NEONATES

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Background Neonatal herpes simplex infection can result in serious morbidity and mortality. This study assessed the attitudes of paediatric doctors towards the use of empirical aciclovir in the management of febrile neonates.

Methods Invitations to participate in an online survey were sent to paediatric trainees (at senior house officer (SHO) and specialist registrar (SpR) level) and consultants (n = 513) in two medical deaneries in the UK (Wessex and Oxford Deanery) between May and June 2013. Four hypothetical scenarios of a febrile neonate were described to represent disseminated HSV disease (scenario 1), low-risk for HSV (scenario 2), HSV skin, eye and mouth disease (scenario 3) and HSV central nervous system disease (scenario 4). Participants were asked to indicate which antimicrobials they would commence for each scenario.

Findings A total of 64 individuals participated (response rate: 12.5%). A substantial proportion of participants indicated they would not commence aciclovir despite the presence of clinical and/or laboratory features suggestive of neonatal HSV infection in scenarios 1(34/63, 54%), 3 (24/57, 42%) and 4 (31/54, 57%). Conversely, a total of 7/60 participants (12%) indicated they would start aciclovir in the scenario with low probability of HSV disease (scenario 2). Throughout, there was a trend for a higher proportion of consultants choosing to commence aciclovir compared with trainees; however, this was not statistically significant.

Conclusion The results indicate that there is lack of awareness of key features suggestive of neonatal herpes simplex infection, and highlight the need to integrate guidance on the use of empirical aciclovir in febrile neonates into national guidelines.

G301(P) MEDICAL INTERVENTION FOR CHILDREN WITH MEDICAL COMPLEXITY (MICMAC)

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