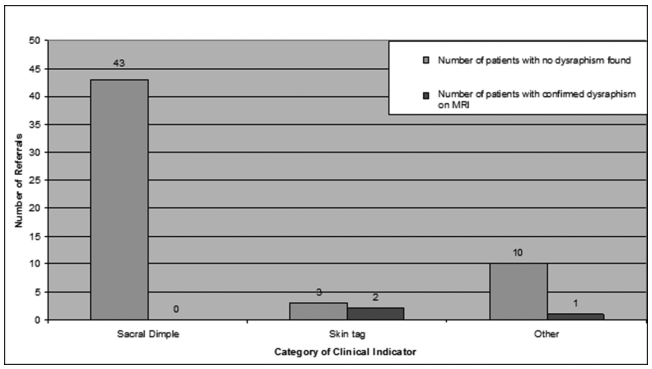

Abstract G298(P) Figure 2 Total referrals for clinical indicators showing patients with Dysraphism on MRI

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

Tariq Almuzaini, Imti Choonara, Helen Sammons. *Academic Division of Child Health, University of Nottingham, Derby, UK*

10.1136/archdischild-2015-308599.276

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

[1]MA Iro, [2,3,4,8]M Tebruegge, [5,6]E Pelosi, [2,3,4,7]S Faust, [3]S Patel. *[1]Oxford Vaccine Group, Department of Paediatrics, University of Oxford and the National Institute for Health Research Oxford Biomedical Research Centre, Oxford, UK; [2]Academic Unit of Clinical and Experimental Sciences, Faculty of Medicine, University of Southampton, Southampton, UK; [3]Department of Paediatric Immunology and Infectious Diseases, Southampton Children's Hospital, University Hospital Southampton NHS Foundation Trust, Southampton, UK; [4]National Institute for Health Research Wellcome Trust Clinical Research Facility, University Hospital Southampton NHS Foundation Trust, Southampton, UK; [5]Department of Infection, University Hospital Southampton NHS Foundation Trust, Southampton, UK; [6]Public Health England Microbiology Services, Southeast Regional Laboratory, Southampton, UK; [7]Institute for Life Sciences, University of Southampton, Southampton, UK; [8]Department of Paediatrics, The University of Melbourne, Parkville, Australia*

10.1136/archdischild-2015-308599.277

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)

ZS Al-Harthy, JP Cowling, GK Mann, M Salama. *Birmingham Children's Hospital, Birmingham, UK*

10.1136/archdischild-2015-308599.278