

Abstract G319(P) Table 1 Salient results from the survey (n = 51)

Survey question (shortened for abstract)	yes	No	undecided	p value (chi square test)
Was the scan useful?	92%	-	8%	< .001
Did the scan reassure you?	100%	-	-	n/a
Would the clinician's explanation without echo be reassuring?	14%	84%	2%	< .001
Do babies with benign/innocent/normal murmur need an echo?	94%	-	6%	< .001

had echocardiograms for asymptomatic heart murmurs which then proved to be benign.

**Methods** All new referrals for 'asymptomatic heart murmurs' to the paediatric cardiac clinic, run by a paediatrician with cardiology expertise, over a one-year period were reviewed. The parents of children with normal echocardiograms were requested to answer a questionnaire that elicited their experience of the echocardiogram and its impact on their concerns. Permission for this study was obtained, and consent sought from contacted parents.

**Results** 166 new patients attended the clinic during the study period, 67/166 were for asymptomatic heart murmurs. 58/67 of these patients had normal echoes. Among the 58 patients, 51 were contacted by telephone for the survey (Table 1). None of these children had any repeat consultations for the murmur, and parents were convinced that the echo gave them the reassurance that they badly needed. See table.

**Conclusions** Our study concluded echocardiograms provide parents with a satisfactory conclusion to the consultation. This may be a cost-effective method in reducing repeat consultations for the same concerns.

### G320(P) SEPTIC BABY; HAVE YOU CONSIDERED PARECHOVIRUS MENINGITIS?

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**Introduction** "Febrile baby" is a common presentation to paediatric departments. In young babies paediatricians are likely to perform a full septic screen to ascertain the source of the temperature. Part of this process involves requesting the correct tests for the best chance of achieving a diagnosis. We discuss three cases with a diagnosis that is perhaps not often considered yet may have potential consequences for development.

Case presentation

Three babies presented in the neonatal period with symptoms including temperature, poor perfusion, rash, shortness of breath and apnoea. All three were judged to be cardiovascularly unstable and received fluid boluses. They all had unremarkable CRP results (maximum 14mg/L). CSF demonstrated raised protein in all three but low white cell count (maximum  $3 \times 1000000/L$ ). One of the babies required intubation and ventilation for three days for apnoeas. All of the babies improved clinically as soon as they became afebrile (around 3 days after admission). All babies were PCR positive for parechovirus on CSF.

**Discussion** There are over ten types of parechovirus identified with type 3 most commonly associated with neonatal sepsis. Over 90% of five year olds have experienced parechovirus as a mild gastrointestinal or respiratory illness. In babies under 3 months of age it is more likely to present more dramatically. It is spread in respiratory droplets, saliva and faeces. Low CSF WCC and raised protein are typical findings. Management is supportive and there is no vaccine. Neurodevelopmental delay has been reported following the illness and animal data suggests persistent presence in CNS causing ongoing inflammation.

**Conclusion** When assessing and investigating a febrile baby sending a CSF PCR for parechovirus may yield a result in a patient with otherwise unremarkable laboratory investigations. This diagnosis is important as it has the potential to cause neurodevelopmental problems and as such these patients may warrant follow up.

### G321(P) FIX FREDDIE!

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**Background** Facing higher than average unscheduled care use in a busy inner city paediatric unit, with a significant proportion of low acuity conditions, a need to become proactive in tackling the pressure was recognised.

Collaborated as part of new innovative integrated paediatric care model with puppet company to produce Fix Freddie! Pilot tour Spring 2014.

**Objectives** Better understanding of how local community accesses children's unscheduled care

- bringing together communities and professionals across the whole system, to support families in feeling confident to navigate system and care for their children's health needs
- reduce pressures on the local emergency and urgent care system

**Methods** Explored different settings and workshop styles (Table 1).

Parents/carers asked to complete a pre show questionnaire.

After the show, explored issues with:

- small parent focus groups
- classroom-based discussion and picture drawing
- fete style event with informal conversations with professionals