chart plotting and intravenous fluid prescription respectively. All confidence intervals contained zero. Therefore, we are unable to regret the null hypothesis that there is no correlation between perception and performance. The Sign Test is highly significant in all 3 areas, with $P < 0.001$, which indicates clear bias in the direction of more optimistic expectations than reality.

**Conclusion** The assumption that students are able to indicate assurances in skill performance is disproven. Lack of correlation between perception and performance would put a greater emphasis on continued assessment of medical students and doctors in training.

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**G329(P) TRIAL OF A HANDHELD VEIN ILLUMINATOR IN AN ACUTE PAEDIATRIC DEPARTMENT**

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10.1136/archdischild-2015-308599.305

**Aim** Invasive procedures including venepuncture and venous cannulation are distressing experiences for ill children. Painful past experiences and needle phobia can cause the procedure to be more traumatic for the child and more difficult for healthcare professionals. Devices using near infra-red spectroscopy can aid the accurate location of superficial veins thus reducing the number of attempts and time taken to undertake these procedures, and aim to reduce the stress for all involved. The purpose of this study was to evaluate the usefulness and acceptability of a commercially available portable vein illuminator in two acute paediatric departments.

**Methods** A range of health professionals used the device for venepuncture and venous cannulation in children presenting with acute or chronic illness to the departments. A structured questionnaire was completed by the user once the procedure was completed.

**Results** 40 patients were enrolled in this study (males = 23, females = 17, mean age 4.8 years). Thirty six children underwent venepuncture and 4 underwent venous cannulation. The procedure was completed by registrar in 4 children, by a senior house officer in 24 children and by a nurse in 12 children. Sixty five per cent found the visibility of the veins improved, 5% found the visibility worse, and 30% were neutral. The device was found to be very acceptable or acceptable to parents and children in 92.5% and was graded very useful or useful in 65% and not useful in 35%.

**Conclusion** The device was found to be useful and acceptable and did aid with phlebotomy within the departments. The best results were seen in younger children whose superficial veins were not visible to the naked eye. Further studies are required with a larger sample size including a wide range of ethnic groups, and ideally with a comparison group.

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**G330(P) THE INTRODUCTION OF A REGULAR PRESCRIBING AUDIT AND TRAINING SESSION FOR PAEDIATRIC DOCTORS**

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10.1136/archdischild-2015-308599.306

**Background** A recent UK study showed that the prevalence of medication errors in children could be as high as 13.2% compared to a previously documented range of 2–14%. To tackle this, a pharmacist led session for all new junior doctors rotating into paediatrics was instigated in a DGH to raise awareness of the issues associated with prescribing in children.

**Aim** To implement prescribing audit and training sessions to all grade of paediatric medical staff.

**Method** To further evaluate and enhance the impact of the induction training, an audit was developed based upon the Trust Medicines Management ten prescribing standards. All doctors in attendance at a regular training meeting were split into two groups, each with a mix of grade of staff. Each group evaluated five drug charts taken from the inpatient ward, against the Trust standards. Results were fed back immediately using computer software with time for reflection and discussion followed by a presentation regarding the implications of poor prescribing. Feedback was sought from participants following the session. The audit was carried out twice during the junior rotation, to identify improvements and concerns.