

G427 IMPROVING DOCUMENTATION AND CLINICAL PRACTICE IN THE 6–8 WEEK BABY CHECK IN UK GENERAL PRACTICES

¹E Wilson, ²N Kaushik, ²TL Frank. ¹Medicine, Wrightington, Wigan and Leigh NHS Foundation Trust, Wigan, UK; ²Bowland Medical Practice, Bowland Medical Practice, Manchester, UK

10.1136/archdischild-2015-308599.381

Infants require a full physical examination within 72 h of birth and again between 6–8 weeks of age. NICE Clinical Guideline CG37 titled 'Routine postnatal care of women and their babies' specifies a 43-part list of expected examination points. We wanted to determine the proportion of infants attending for their 8-week baby check at a local General Practice, who had adequate documentation of examination findings in the electronic health records (EHR). The audit also aimed to determine if practice could be improved using an online template.

A retrospective audit assessing documentation of examination findings for the 8-week check was performed on 20 patients attending the practice during a four-month period. 100% babies at the 6–8 week check should have all 43 criteria entered into the EHR. Each patient was given a score relating to the number of criteria documented. We then created a unique, easily identifiable '8-week baby check' electronic template for use with the EHR and doctors in the practice were trained in its use. Subsequent re-audit on a sample of 20 patients completed the audit cycle.

The initial audit showed overall percentage documentation was 22%, well below the 100% standard. Best recorded were the red-reflex, heart sounds and hips, entered for 11 of 20 patients. 0 of 20 patients records commented on hands, feet, nose, ears, neck or presence of dysmorphism. 8 patients had only '8-week check OK' entered into the EHR. Re-audit once the electronic template was in place showed a 73% improvement in documentation, with all 43 criteria being entered for at least 95% of the children.

The initial audit highlighted inadequate documentation of examination findings in the EHR at the 6–8 week newborn check. A well-designed intervention was shown to significantly improve practice thus maintaining medico-legally sound patient notes and optimising patient safety, as the template ensures comprehensive examinations are performed. With increasing shifts towards paperless advanced software systems, there are ample opportunities to improve the quality of care and documentation.

G428(P) EXPOSURE TO ARTIFICIAL BRIGHT LIGHTS FROM MODERN ELECTRONIC MEDIA BEFORE BEDTIME MAY CONTRIBUTE TO SLEEP DIFFICULTIES IN CHILDREN/ YOUNG PEOPLE WITH / WITHOUT SPECIAL NEEDS– 3 PATIENT/ CARER SLEEP HYGIENE SURVEYS

S Ozer. Child Development Centre, East and North Hertfordshire NHS Trust, Stevenage, UK

10.1136/archdischild-2015-308599.382

Introduction Sleep onset difficulties may be worsened by exposure to artificial lights from modern electronic media with wavelengths similar to day light, potentially inhibiting the action of the sleep hormone melatonin responsible for sleep-wake cycle. A lot of current sleep hygiene advice for patients/families lack specific advice about the role of artificial lights in suppressing natural melatonin production.

Aims/objectives We examined pre bedtime/bedtime activities and sleep hygiene practices in special needs /non special needs children with sleep difficulties and explored level of pre-bedtime exposure to artificial lights from modern electronic media including computers, cell phones and digital television.

Methods Sleep hygiene surveys were conducted separately in carers of children with special needs-ADHD (6–18 years), pre-school children with Autism Spectrum disorder (3–5 years) and a non special needs population of 500 primary school children in a socially deprived area from periods June 2013 to March 2014.

Results Children in both special needs and non-special needs populations kept some form of electronic media in their bedrooms (26%) and played with these or watched television within ½-2 h (44%) before bedtime. Electronic device exposure was highest in the ADHD group (54%). Majority (68%) of carers in the ADHD cohort reported some improvement in sleep onset difficulties when they followed advice regarding switching electronic media off at least an hour before bedtime.

Conclusions There is an urgent need for Health and Educational Professionals to educate families about the role of modern electronic media/TV on the sleep cycle of children when conducting sleep education/hygiene.

There should be more public health awareness and research about the impact of modern electronic media and artificial lights on sleep in children with/without special needs and neurodevelopment disorders.

Outcome Following surveys, sleep tools have been developed to enable health and educational professionals conduct a more effective sleep interview and hygiene. Tools have been widely circulated to GPs, Health professionals and over 200 mental health Leads in schools. They have also been circulated on the National Child Trust UK website (NCTUK).

G429(P) MELATONIN USE IN CHILDREN WITH SLEEP DIFFICULTIES: AN AUDIT OF PRESCRIPTION PRACTICES AMONGST EAST OF ENGLAND COMMUNITY PAEDIATRICIANS

¹ND Herberholz, ²S Ozer. ¹Community Paediatrics, Cambridgeshire Community Services, Huntingdon, UK; ²Community Paediatrics, East and North Hertfordshire NHS Trust, Stevenage, UK

10.1136/archdischild-2015-308599.383

Aims Disrupted sleep is commonly treated with melatonin, especially in children with Neurodevelopmental disorders. (BNF for Children 2014/2015). We surveyed melatonin prescription practices amongst Community Paediatricians in the East of England.

Methods In May 2014 we sent out an online survey to all Community Paediatricians in the East of England.

Results 17 responses in total were received from all over the region.

All Paediatricians prescribe melatonin to children with Neurodevelopmental disorders, Neurodisability (73%), Visual impairment (73%), Intellectual disability (67%) and to Children with Chronic Fatigue Syndrome (20%) and behaviour difficulties (20%). Sleep advice is given by all clinicians and promoted through leaflets (56%), referral to Specialist Sleep clinics (38%) and support from other professionals (School Nurses, 13%, Occupational Therapists, 6%, Intellectual Disability Services, 19% and Family workers, 13%). On average clinicians felt sleep hygiene should be tried for 3 months (range 1–6 months) before melatonin is started. Most (59%) clinicians do not routinely