

G439(P) TALE OF ALLERGY TESTING: IMPLEMENTING RCPC ALLERGY CARE PATHWAYS IN A DISTRICT GENERAL HOSPITAL

S Bilal, E White, L Bowers, A Shenoy. *Paediatrics, Bradford Royal Infirmary, Bradford, UK*

10.1136/archdischild-2015-308599.393

Introduction RCPCH allergy care pathways recommend use of either RAST or skin prick testing for diagnosis only when there is clinical suspicion of allergy. Pathways further recommend use of measurements of skin prick and specific IgE test results to optimise the timing of food challenges. This audit aimed to compare our practice against national standards.

Method A retrospective analysis of all notes for food challenges between May 2013–May 2014 was undertaken. Total of 29 food challenges were identified.

Results More than half of our patients were males. Majority of the patients (69%) had RAST test done at time of diagnosis. 7% of patients had both skin prick and RAST done. However, 21% of allergy patients did not have any test done at time of diagnosis and diagnosis was made on history only.

In regards to food challenge, more than half of patients were aged 8 years or above at time of challenge. Only 66% of patients passed food challenge. 79% of patients have either RAST or Skin prick test done prior to challenge. 21% of our patients had no form of testing prior to challenge. Of all patients who passed challenge 53% of patients have both tests done in contrast to all patients who failed challenge only 30% have both tests done. All patients who had both tests negative passed the food challenge. All the patients who failed the challenge had a positive RAST test prior to challenge.

Recommendations An allergy clinic proforma was introduced as an aide-memoir to facilitate appropriate testing at diagnosis and prior to challenge.

Failed food challenges bring disappointment for child, parents and unnecessary burden on NHS budget. Choosing the right patient is the key to prevent failed challenges, hence, referral process for challenges was re evaluated and now clinicians will make sure that both tests are done prior to food challenges.

We aim to re audit in six months.

G440(P) TO AUDIT THE MANAGEMENT OF CLOSTRIDIUM DIFFICILE (C. DIFFICILE) INFECTION IN CHILDREN

R Atterby, S Bandi. *Childrens Hospital, Leicester Royal Infirmary, Leicester, UK*

10.1136/archdischild-2015-308599.394

Methods *C. difficile* toxin positive cases were identified using the laboratory data between 01.01.12 and 31.12.13. Notes were reviewed and data collected using a proforma against the hospital guideline. The guideline also states that all positive cases should have a MDT review.

Results 26 *C. difficile* toxin positive cases were identified from 17 patients. Mean age was 6yrs 5 months, with 92% >24 months at time of diagnosis. 21 were included in the final analysis as medical notes weren't available for 5 patients.

Risk factors

47% had documentation of recent/current course of antibiotics.

32% of cases identified had previous *c difficile* toxin positive samples.

7 positive results were from oncology patients

Management

- 58% (12/21) were treated with antibiotics for what were considered clinically significant infections
- There was 100% compliance with the guidelines regarding antibiotic choice (metronidazole first line, vancomycin second line).
- 41% (5/12) cases were treated for the recommended 10 day duration. 16% (2/12) patients received antibiotics for 14 days. 33% (4/12) had variable treatment duration ranging between 1–7 days.
- There was no documented review of medication for those on either PPI or laxatives and of those on antibiotics only 43% had documentation of review with the result of the *c. difficile* test.

MDT outcome vs Treated cases

- 66% (8/12) 'not confirmed' (3 had complete course in spite of MDT review; 1 discontinued after review; 1 patient died due to underlying co-morbidities; 3 did not receive antibiotics)
- 33% (4/12) 'confirmed' (all treated with full course of antibiotics)

Repeat stool samples were requested in 26% within 4 weeks of the positive result.

Conclusion *C. Difficile* testing presents a challenge for paediatricians. The guidelines are mainly adult focussed. More than half of our positive patients didn't need treatment. The audit highlights the importance of appropriate sampling and the vital role of multidisciplinary team (paediatricians, microbiologists and infection prevention team) in managing these patients.

Recommendation A proforma has been designed to help improve the management of these patients.

G441(P) PLEASE SIR, WHICH IS THE BEST SCHOOL ALLERGY CARE PLAN?

JC Mack, MA Lewis, D Tuthill, E Spear. *General Paediatrics, Cardiff and Vale University Health Board, Cardiff, UK*

10.1136/archdischild-2015-308599.395

Introduction Multidisciplinary allergy school care plans are important to manage children with allergies safely in school. They focus on allergen avoidance and treatment of reactions. The Cardiff children's allergy service have developed and used their own plan for 20 years. A new national allergy care plan has been published by BSACI (British Society of Allergy and Clinical Immunology).

Aim To compare Cardiff plan with the BSACI anaphylaxis plan.

Methods Based on the NICE guideline for Anaphylaxis (2011) recommendation on information provision, a questionnaire was devised auditing 9 different components of the care plans for clarity and effectiveness. We surveyed teachers, parents, and school nurses in person; respondents completed the questionnaire comparing the two plans. Parents and teachers data (non-healthcare professionals) was compared to school nurses. Data was analysed with Chi Squared analysis with $P < 0.05$ taken as significant.

Results There were 111 participants (31 teachers, 40 parents and 40 school nurses). The table shows respondents' preferences. For brevity "not answered" and "no preference" responses are not shown.

Conclusion Overall parents and teachers preferred the BSACI plan's succinct format and Epipen usage explanation. In contrast school nurses preferred the Cardiff plan for the same reason! The Cardiff action plan was preferred by most respondents for its clearer documentation of identity, contact details, and

Abstract G441(P) Table 1 Summary of reported care plan preference for each component

	Parents/Teachers			School Nurses		
	Cardiff	BSACI	Chi squared	Cardiff	BSACI	Chi Squared
Child identity	28	30	0.8645	24	9	0.0013
Contact details	40	20	0.0012	19	10	0.0619
Allergy type	25	30	0.4910	18	15	0.6500
Mild allergy info	26	20	0.3700	20	12	0.1095
Severe allergy info	29	28	1	21	18	0.6549
How to use Epipen	16	35	0.0015	24	7	0.0002
What to do after using Epipen	34	17	0.0049	17	18	1
Consent	60	0	0.0001	39	1	0.0001
Overall Preference	23	40	0.0067	26	2	0.0001

parental consent. Teachers/ parents also preferred it for post Epipen advice. A revised national version with clearer contact details, better information on what to do after Epipen is administered and parental consent is required.

G442(P) WHAT DO LOOKED AFTER YOUNG PEOPLE THINK ABOUT THE SPECIALIST HEALTH SERVICES THEY USE?

¹E Sunderland, ²K Wood, ³S Barwick. ¹Neonatal Unit, Homerton University Hospital Trust, London, UK; ²Neonatal Unit, City Hospitals Sunderland Foundation Trust, Sunderland, UK; ³Bishop Auckland General Hospital, County Durham and Darlington NHS Foundation Trust, Durham, UK

10.1136/archdischild-2015-308599.396

Aim There is limited research concerning the experiences, preferences and priorities of looked after children and young people (LACYP) relating to healthcare. LACYP have higher rates of physical, developmental and mental health problems than their peers, with worse longer-term outcomes. This study aims to capture young people's views on health and mental health services specifically for LACYP.

Method A questionnaire was created, incorporating issues identified as important to LACYP in existing literature, and modified with input from involved health and social care professionals and a LACYP participation group. Two LACYP health services and one LACYP mental health service were investigated over a four month period. All LACYP, aged 12 years and over, who attended for an initial or review health assessment or for specialist mental health services were given a questionnaire to complete anonymously in relation to their appointment.

Results 136 questionnaires were completed. Mean age of participants was 15.1 years (range 12–18), with equal numbers of males and females. 92% were glad they had attended their appointment, 99% felt listened to, 95% thought professionals were easy to talk to and 97% considered their views were taken seriously. 8% were not offered an opportunity to speak with the practitioner alone, but 73% of this group would not have wanted to do so. 7% worried about who would see the information given. Free text comments corresponded closely to key themes regarded by LACYP as important in existing literature;

LACYP want to talk to professionals who listen and have an ability to get things done.

Conclusion It is clear the majority felt these services helped them; this is particularly relevant to health appointments where LACYP are not referred with a specific problem, but for statutory review. Recommendations include all LACYP being offered opportunities to speak with practitioners alone and ensuring confidentiality is discussed at the beginning of appointments. Acting on the results of this study forms the first step in ensuring local services meet the needs of LACYP more effectively.

G443(P) EVALUATING USER EXPERIENCE IN COMMUNITY PAEDIATRICS USING THE FRIENDS AND FAMILY TEST (FFT)

G Bhusari, K Banerjee, S Thomas. Community Paediatrics, North East London Foundation Trust, Grays, UK

10.1136/archdischild-2015-308599.397

Aims The FFT survey is only due to be rolled out nationally to all community and mental health trusts in 2015 by DOH. Our aim was to proactively use the FFT to evaluate child and young person (CYP) and carer's experience about community paediatric clinic appointments, in a variety of settings. This would be helpful towards obtaining timely feedback from CYP and parents, about the quality of care offered by community paediatricians and identify areas for improvement.

Method The Friend and Family Test (FFT) is a single question survey which asks patients and carers whether they would recommend the NHS service they have received, to friends and family who need similar treatment or care. The survey was conducted prospectively on all patients seen by community paediatricians during a 6-week period from 1st July until 15th August 2014. At the end of each clinic consultation, the form was handed to eligible CYP and carers for completion. CYP aged 8 years and over were included and those with moderate to severe learning difficulty were excluded. Carers of CYP from 0–19 years' age range were included. A marked box was kept for them to drop the completed form in at the reception, before leaving the clinic. All the completed forms were sent to the audit department for further evaluation.