

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?

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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)

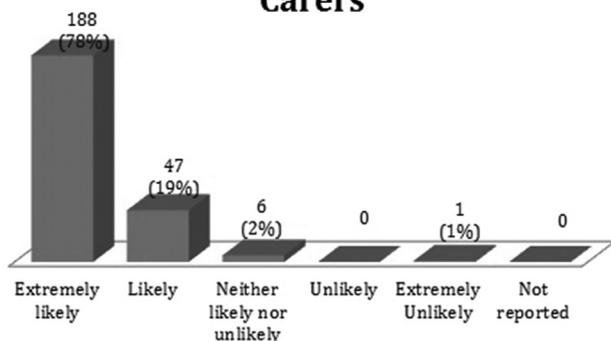
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10.1136/archdischild-2015-308599.397

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.

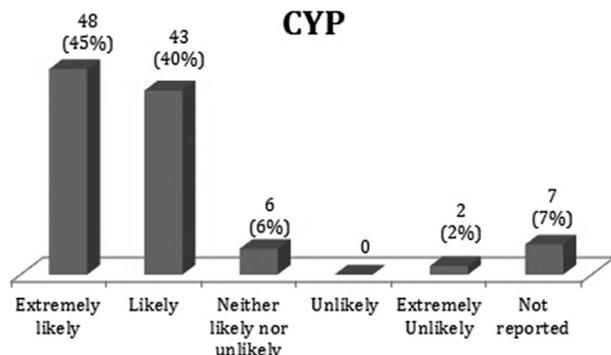
Method The Friend and Family Test (FFT) is a single question survey which asks patients and carers whether they would recommend the NHS service they have received, to friends and family who need similar treatment or care. The survey was conducted prospectively on all patients seen by community paediatricians 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.

Carers



Abstract G443(P) Figure 1 Carers

CYP



Abstract G443(P) Figure 2 CYP

Results In total 348 forms (106 by CYP and 242 by carers) were completed over the 6 weeks period. The responses across individual questions were highly correlated. See Figures 1 and 2. **Conclusion** The total number of responses collected is a good representative sample of our caseload. Both CYP and carers report high satisfaction score about their experience with the doctor at clinic appointments. 97% of carers and 85% of CYP were either extremely likely or very likely to recommend our service to friends and families. Using a validated tool asking a single question in a busy outpatient setting, we have been able to collect robust evidence about the quality of our service. We plan to use this survey to positively influence commissioners for service development.

G444(P) AN AUDIT OF THE MANAGEMENT OF ANAPHYLAXIS IN CHILDREN IN A DISTRICT GENERAL HOSPITAL

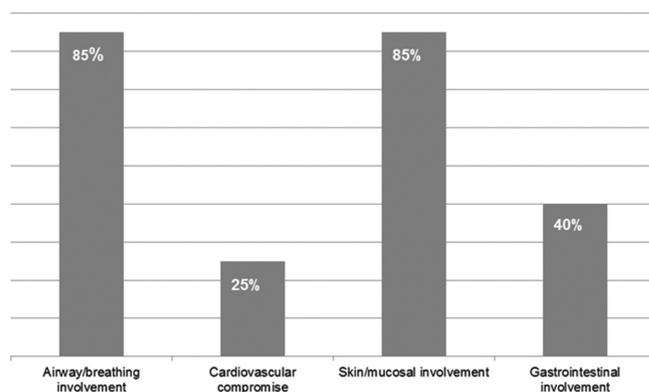
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10.1136/archdischild-2015-308599.398

Aims To assess how management of anaphylaxis in children complies with local and national guidance.

Methods Retrospective review of 20 cases of paediatric anaphylaxis, diagnosis agreed by consensus between two physicians.

Results Features of the acute reaction were well documented (Figure 1). However only 75% of children had their blood pressure recorded. The circumstances around the reaction were also well documented and likely triggers identified in all cases. 95% implicated a food allergen; 63% of these were nuts or nut-containing products.



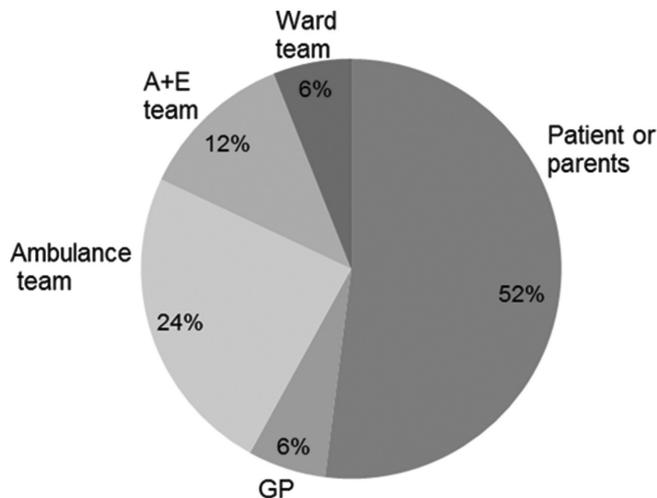
Abstract G444(P) Figure 1

85% of children received IM adrenaline, mostly pre-hospital and often by parents (Figure 2). Steroids formed part of the acute management in 95% of cases, and antihistamines in 100%. 75% of children were discharged with a course of steroids and antihistamines.

The clinical timescale was less well recorded; 30% did not have the time of the onset of the reaction documented, and 27% of children who received pre-hospital adrenaline did not have the time documented.

All children were observed for 6 h minimum. Documentation of counselling was poor with only 35% receiving allergen avoidance advice and 20% warned about the possibility of biphasic reaction. An adrenaline auto-injector (AAI) was offered to 70%. 57% of those received a documented explanation and demonstration of its use. 95% were discharged with a GP letter and 80% had a specialist allergy referral.

Discussion and conclusion The results revealed opportunities for improvement. There is a high standard of history-taking and examination, though an estimated timescale is often not obtained and blood pressure is not consistently measured. Documentation of counselling needs improvement. The pharmacological management of anaphylaxis is excellent in the acute setting but sub-standard at discharge with children leaving hospital without antihistamines, oral steroids and most importantly AAIs. The proportion receiving prompt pre-hospital treatment with their own AAIs highlights their usefulness and the need to ensure they are prescribed to children at risk.



Abstract G444(P) Figure 2 Groups administering adrenaline