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IDENTIFYING CHALLENGES WITH PAEDIATRIC PROCEDURAL SEDATION IN THE ED SETTING IN IRELAND AND THE UK: A PAEDIATRIC EMERGENCY RESEARCH IN THE UNITED KINGDOM AND IRELAND (PERUKI) STUDY

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Aims There is extensive literature on paediatric procedural sedation (PPS) and its clinical applications in Emergency Departments (EDs). While numerous guidance and policy documents exist from international bodies, there remains a lack of uniformity and consistency of PPS practices within EDs. PPS is now gaining traction in the UK and Ireland and this study aimed to describe existing PPS practices and identify any challenges to ED-based PPS.

Methods A qualitative approach was employed to capture data through a focus group interview. Nine specialists in Emergency Medicine (EM) participated, varying in years of experience, clinical settings (mixed adult and paediatric ED or paediatric only) and geographical location (UK and Ireland). The focus group, conducted at the College of Emergency Medicine annual meeting in London in 2013, was audio-recorded, transcribed verbatim and analysed using Attride-Stirling's framework for thematic network analysis. Ethical approval was not required for this study.

Results The global theme 'The Future of Paediatric Procedural Sedation (PPS) in Emergency Medicine – A UK and Ireland perspective' emerged from the following three organising themes: 1) training and education of ED staff; 2) current realities of PPS in EDs and 3) procedural sedation and the wider hospital community. The main findings were: there is significant variability in ED sedation practice throughout the UK and Ireland; lack of formal training in PPS at a trainee level is a barrier to its implementation as a standard treatment; there is a lack of recognition of PPS at a college/training level as a specialised emergency medicine skill.

Conclusion Emergency Medicine must take ownership of PPS as a core competency. This can be achieved by embedding procedural sedation training into general and paediatric EM training. Coupled with EM-led research and audit of sedation practice.

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IMPROVING THE RECOGNITION OF DOMESTIC VIOLENCE IN AN URBAN EMERGENCY DEPARTMENT

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Aim Domestic violence (DV), substance misuse and psychiatric disorders are major risk factors that substantially increase the likelihood of child abuse or neglect. DV is common but rates of

detection are low among emergency professionals, who are often the first port of call for victims. Our project aimed to improve awareness and recognition of DV in an urban emergency department.

Methods A retrospective notes audit of women aged 16–65 years presenting with injury or assault was conducted over two, two-month periods (1st phase and 2nd phase), with detailed analysis of patient notes done in two two-week sampling frames during each phase. Between these two phases a diagnostic algorithm was introduced to remind clinicians to consider DV and inquire about children at home. Training sessions for emergency staff were organised. The algorithm was inserted into the notes in the form of stickers by the triage nurse. Clinicians attending the injured women would then complete the algorithm and make the appropriate DV and child protection referrals.

Results 743 eligible patient notes were reviewed. 373 women presented to the emergency department with injury or assault in the 1st phase and 370 in the 2nd phase. There was an initial low uptake of the algorithm and barriers to its use were identified via staff questionnaire. This resulted in supplementary training sessions and email reminders. Although overall comparison between the 1st and 2nd phases of data collection showed no significant increase in the identification of DV, after addressing staff concerns, there was a significant increase in the use of the algorithm in the last 2 weeks of the 2nd phase with the diagnosis of DV increasing from 5 to 10% ($p \leq 0.048$). 31% of women identified with DV in the 2nd phase had children, which were then referred to social care.

Conclusion The use of a diagnostic algorithm together with regular staff training sessions has the potential to increase identification of DV. This will not only help protect vulnerable women but also their children, and offers the opportunity for early support and referral to the appropriate services.

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FAVOURABLE EVENT REPORTING FORMS: LEARNING FROM POSITIVE PRACTICE

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The background The review of and learning from mistakes is important. It could be argued that too much emphasis is afforded to this and that negativity has become pervasive. The vast majority of practitioners dedicate their working lives to providing the best care they can in ways not clearly recognised or encouraged. We feel formal recognition of good practice could be used to encourage excellence.

The aims Cognisant of the potential negative effect of reviewing only failings we designed a tool by which positive events could be recognised.

Formally marking positive practice is not only a useful learning tool but helps propagate clinical excellence at an individual and group level. Furthermore, it has the potential to enhance confidence and morale while providing evidence for formal appraisal.

We call the tool the 'Favourable Event Reporting Form' or 'FERF'.

The methodology A simple reporting form details an individual, a positive event and the perceived learning points. The form allows open-text description and any member of the team could complete one about any other staff member. Forms were