

Abstract G95(P) Table 1 Responses from regional survey

	Observe in hospital without another dose of dexamethasone	Administer a 2nd dose of dexamethasone in hospital and observe	Discharge home with a dose of dexamethasone	Discharge home without a dose of dexamethasone
12 hours after a dose of dexamethasone for croup, a patient has no symptoms at rest but symptoms on exertion. Which of the following would you opt for?	Total = 25 (22%)	Total = 23 (21%)	Total = 37 (33%)	Total = 27 (24%)

croup. We completed an audit to review the use of dexamethasone in children with croup.

Method Inpatient notes of 50 children admitted between 2010 and 2011 were reviewed at a district general hospital. To gauge the readmission rate, a comparative notes review was performed for attendances at the Emergency Department of a local tertiary paediatric centre (150 attendances, June–November 2014).

Results Figure 1 shows results at the district general hospital

Half of the children who required readmission had the same croup score on their first admission and their second, implying that readmission was necessary due to lack of clinical improvement. At the tertiary centre, 90% (135) patients received a dose of dexamethasone on their first presentation and 10% (15) children re-attended.

With 1 in 10 patients being readmitted despite one dose of dexamethasone, we conducted a regional survey of paediatricians in our deanery to assess baseline practice for multi-dose dexamethasone. The survey contained a hypothetical case scenario of a child with croup (stridor and chest wall retraction at rest) who received a dose of dexamethasone. At 12 h the patient improved with no symptoms at rest but symptoms on exertion. Respondents were given four management options, as shown in Table 1. A total of 112 responses were received, 44% from consultants.

The results demonstrate a wide variation in practice. 23% of respondents stated that their choice was based on trust guidelines, whereas 77% stated it was personal practice.

Conclusion The high readmission rate, variation in practice and lack of evidence for administering a second dose of dexamethasone in croup suggest this is a topic that would benefit from a research project.

G96(P) OPTIMISING FACIAL IMAGING FOR TRAUMA IN A PAEDIATRIC EMERGENCY DEPARTMENT (ED)

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Aims In the context of trauma, plain facial X-rays do not represent the gold standard imaging modality, as many patients with equivocal findings will require further imaging with facial CT views. The aim of this project was to review the use of facial X-rays of patients seen in a paediatric ED following trauma, to

ascertain the degree of correlation between clinical signs and radiological findings.

Methods Retrospective review. All facial X-rays performed within the ED over a 1 year period (09/2012–09/2013) were identified from the hospital PACS system. Clinical details were obtained from the ED notes and compared with the X-ray report from a consultant radiologist.

Results See Figure 1 below.

Conclusions The vast majority of facial X-rays performed in our ED showed no evidence of fracture. A negative X-ray may be falsely reassuring as, in some cases, clinical suspicion of bony injury was high, but no further investigation/referral was made. In other cases, a facial CT was performed despite a negative facial X-ray. Therefore, in general, facial X-rays and their interpretation by ED clinicians do not appear to make a significant difference to the subsequent clinical management of patients. If suspicion of fracture is high then CT would be a better imaging modality, as where suspicion remains high an equivocal plain X-ray result would not confidently exclude facial bone fracture.

On the basis of this we have developed a new clinical guideline which stratifies patients into 3 management paths according to clinical signs and symptoms:

Low Risk	Medium Risk	High Risk
No imaging Patient discharged with advice	ED clinic follow up in 2–3 days Facial X-ray (with rapid radiology reporting) if clinical concern persists	Facial CT

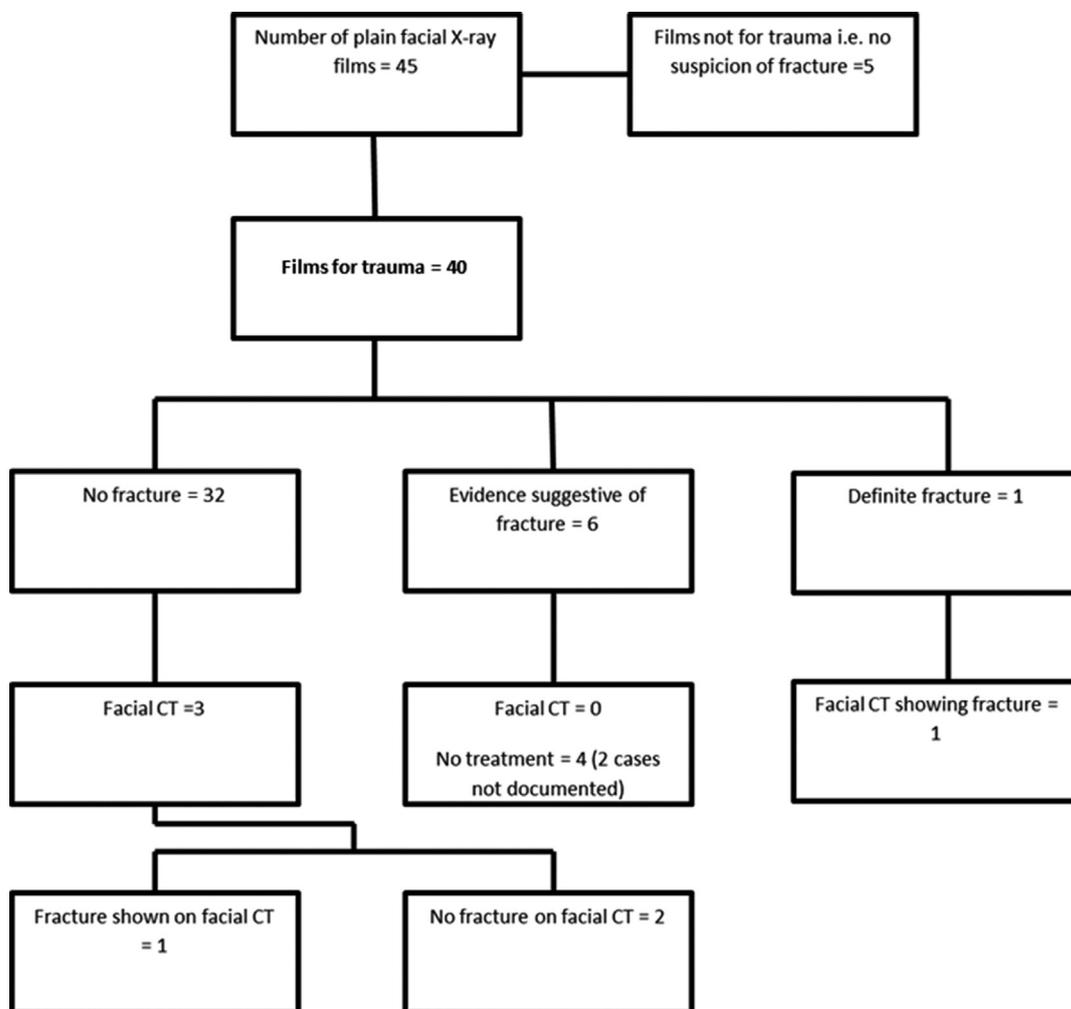
Our intention is to reduce the number of unnecessary facial X-rays, and practice will be re-audited one year post-implementation.

G97(P) AUDIT OF SAFEGUARDING OF CHILDREN PRESENTING WITH DOG BITES TO THE EMERGENCY DEPARTMENT

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Aims Recently there has been much media coverage of dog attacks on children. NICE guidelines for management of dog bites recommend that inadequate supervision should prompt consideration of child neglect.



Abstract G96(P) Figure 1 Results of retrospective review

We aimed to retrospectively analyse emergency department records to examine the nature of paediatric dog bite incidences, demographics, management, and child safeguarding actions.

Methods This was a retrospective case series review of routinely collected data, reviewing electronic notes of emergency department attendances coded for animal bites, stings, or wounds, between 1st May 2013 and 31st of May 2014.

The audit was registered with the audit department, ethics committee approval was not required.

We obtained records for 193 patients between 0 and 17 years of age. 33 patients were excluded (17%), 7 due to insufficient documents, 19 due to bites from other animals, and 7 re-attendances.

Results 160 patients were analysed, the mean age was 9.4 years of age, with 66 female (41%) and 94 male (59%).

There were 105 injuries to the limbs and 50 facial injuries. Most injuries occurred within the family home ($n = 43$) or in a public place ($n = 43$). The commonest culprit was the family's own dog ($n = 47$), the next commonest being a relative's dog ($n = 22$).

135 patients received antibiotics, and 17 required referral to other specialities.

There were 3 safeguarding referrals to social services within the department, and 4 referrals to health visitors by clinicians.

However the trust employs paediatric liaison nurses who retrospectively review notes and take further actions if there are child protection issues. The paediatric liaison team made 32 referrals to school nurses and 21 referrals to health visitors, though no social services safeguarding referrals.

Conclusion Our study suggests children attending emergency departments with dog bites are commonly attacked by the family dog within the family home. There was a low overall rate of child safeguarding actions taken though the trust paediatric liaison team made more referrals than clinicians.

As a result of this audit we will update our online emergency department guidelines for clinicians. Moreover, we will distribute patient information leaflet including advice regarding supervision of children around dogs.

G98(P) **ANAPHYLAXIS OR ALLERGIC REACTION: SERVICE EVALUATION IN A DISTRICT GENERAL HOSPITAL**

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Aims Anaphylaxis Care Pathways were introduced by RCPCH in 2011 to help health services achieve adequate standards of