

collected on presence of urine pregnancy test, sexual history taking, patient ethnicity and who, if anyone, accompanied the patient.

Of the fifty patients, half had a urine pregnancy test documented. Of the patients with documented urine pregnancy tests, A&E doctors performed this 73% of the time and paediatric team 25% of the time. Only 21% of Indian adolescents had a urine pregnancy test performed. Black patients had the highest rate of documentation of urine pregnancy test (83%). There did not appear to be a correlation between the percentage of urine pregnancy tests performed and person accompanying the patient. The surgical team documented the patient's last menstrual period in 78% of cases, which was higher than the A&E department (62%) and paediatrics (53%). Only 11% of 16 year-old patients and 27% of 15 year old patients had sexual history taking documented.

There appears to be ethnic bias when performing a urine pregnancy test, but there is no correlation between rate of pregnancy tests, patient age and presence of an accompanying adult. These results highlight the need for improvement in sexual history taking and pregnancy testing in this patient group.

G153(P) DEVELOPMENT OF A FEEDBACK TOOL FOR CHILD AND PARENT SATISFACTION WITH PAEDIATRIC ANAESTHESIA

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Aims Patient satisfaction has become increasingly important not only as a feedback mechanism for better care but also in achieving prescribed targets. Traditionally, the main method gauging satisfaction has been by using questionnaires but their quality can vary and on 'construction, validation, and sampling'. As things stand there is not a substantial amount of research into evaluating a child's experience of undergoing an anaesthetic. In the past, paediatric satisfaction has usually been measured by proxy from parents. It is therefore the intent of the study to create a robust paediatric and parental feedback survey of satisfaction in paediatric anaesthetics. Our aim was to develop a tested feedback questionnaire which in the future could be routinely used to evaluate patient satisfaction with paediatric anaesthesia.

Methods This was an observational study that measured qualitative variables based on patient satisfaction of paediatric anaesthesia in day case surgery patients. The study was in two main sections. Firstly semi-structured interviews were undertaken with children aged between 3 and 16 along with their parents. Following this a satisfaction questionnaire was created based on the information gathered from these preliminary interviews. The questionnaire was also quality checked using a care-analysis tool.

A search into current literature gave us an initial set of key areas to cover when assessing satisfaction. The preliminary interviews then served to supplement this, by highlighting what is important to them and not been considered previously.

Results The preliminary interviews and sample (n = 53) have brought to light some interesting areas that can determine satisfaction (such as sufficient information given beforehand on gas versus drip induction and adolescent patients found the gown's too revealing). It was also reassuring that current practices in paediatric anaesthetics are of a consistently high standard.

Conclusion We hope to create a digital version using an interface such as a tablet. It should be made clear that this is an ongoing project with exciting prospects and good potential for expanding into future areas of research. The focus is now to change practice.

G154(P) TRANSITION OF PATIENTS WITH SICKLE CELL DISEASE – HOW CAN WE HELP? RESULTS OF A SURVEY OF ADOLESCENTS RECENTLY TRANSFERRED TO ADULT SERVICES

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Background Recent reports suggest transition of young people with chronic diseases from paediatric to adult services is often untimely, ineffective, and poorly managed. Sickle cell disease (SCD) is typically diagnosed in childhood. Despite data reporting that rates of emergency admissions increase around the time of transition, few studies have reported experiences of patients undergoing transfer to adult services.

Aim We sought to survey adolescents with SCD who had recently transferred from paediatric to adult services in order to identify barriers to successful transition.

Methods Adolescents who had recently transferred from paediatric to adult services at a single site were identified. Patients were initially contacted by post with a letter and a copy of the validated Sickle Cell Disease Transition Questionnaire, assessing patients' self-reported illness, functional skills, and disease management efficacy. Non-responders were followed up by a phone-call and voice message after one and two months.

Results Thirteen adolescents were identified; six (46%) completed surveys. One was not receiving medical care in an adult setting and excluded. Four (80%) were aware of their haemoglobin type. The most common concerns regarding transfer to an adult care programme included unclear expectations [n = 4], ineffective communication [n = 4], and fear of being in a new environment [n = 3]. All those surveyed agreed that a dedicated transition programme would be useful to their health needs, and would assist in transferring care [n = 5], providing support [n = 4], and providing an opportunity to meet other adults with sickle cell disease [n = 2]. Participants varied in self-reported illness experiences, but four (80%) reported independently managing acute sickle and non-sickle disease medical problems before calling the doctor, except if severely unwell.

Conclusion Recently transitioned SCD patients placed a high importance on quality of information during transition and cultural independence, in particular from parents, during the transition of care from paediatric to adult services. Prior to implementation of a transition clinic, surveying users can help inform doctors and nurses of what to prioritise and how to effectively communicate relevant information.