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.

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.