ketamine. Piloting of the proposed ketamine sedation policy confirmed feasibility of its use within the Paediatric Emergency Department. The process from administration of ketamine to end of casting took 11 min. The patient was able to recover in the short stay ward and after review, was discharged home. **Conclusion** Large numbers of patients, who are currently returning for manipulation under general anaesthesia, would benefit from the implementation of ketamine sedation. This would help to reduce burden on the orthopaedic ward, theatre space, and anaesthetic team. This method of sedation also carries less risks than general anaesthesia. It is anticipated that if changes are made to the emergency department layout and orthopaedic team staffing it will be feasible to carry out ketamine sedation 3 times a week. The next stage would be to carry out a week-long pilot to accurately assess the process before full implementation.

G288(P) EVALUATION OF PATIENT ADMISSIONS THROUGH A PAEDIATRIC EMERGENCY DEPARTMENT AT A CENTRAL HOSPITAL IN A RESOURCE-POOR SETTING

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Aims To evaluate patient attendance, admission rates and use of the resuscitation room in a Paediatric Emergency Department at a central hospital in a resource-poor country. To identify how trends have changed and if there is a need to change the clinical environment to match the requirements of patients seen.

Methods Data was collated from departmental daily summary books, computerised and analysed to evaluate attendance, admission and use of the resuscitation room. A 1 month period was analysed in more depth using additional resuscitation room and admission record books to review patient demographics and diagnoses.

Results Records were collected from September 2014 – May 2017 and grouped to identify year-on-year trends. Some dates had missing information so averages have been used to account for this.

There are approximately 40 000 total attendances and 11 000 admissions per year through the department. Whilst the number of admissions overall appears to be falling, the rates of those admitted through the resuscitation room appear to be increasing, from an average of 17% in 2014/15 to 22% in 2016/17. In 2016/17 the monthly percentage of admissions through the resuscitation room ranged from 17%–30%.

In evaluating a 1 month (January 2017) snapshot of 1007 admitted patients, over a quarter were under the age of 12 months. 24.9% patients admitted during this month were seen in the resuscitation room and the most common diagnoses of these patients were Malaria and/or Anaemia, Bronchiolitis and Pneumonia.

Conclusion Admissions through the department appear to be decreasing, but the proportion of sick children being assessed in the resuscitation room is increasing. This may reflect that patients with milder illnesses are now being managed better in the district hospitals, with only those who are exceedingly sick or requiring specialist services being referred.

This review identified that approximately 22% of paediatric patients admitted are currently coming through the three-

bedded resuscitation room, and due to the severity of their symptoms and the amount of clinical care required, this certainly identifies a justification for redesign and expansion of this resuscitation room.

G289(P) REFLECTIONS ON A SHORT-TERM PAEDIATRIC MEDICAL MISSION TO A SYRIAN REFUGEE CAMP IN JORDAN

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Aims The Syrian refugee crisis is entering its 7th year. There are various humanitarian organisation are on the ground conducting short-term medical missions. We aim to describe the clinical care that was delivered and my personal reflection on a short-term medical mission to Jordan with the Syrian American Medical Society (SAMS).

Methods Through the 6 day mission, we held 6 paediatric clinics each in various locations across Jordan including the Al-Zataari refugee camp near the Syrian border. We gathered prospective quantitative data including age, presenting complaint, diagnosis, management and prescription. The qualitative data is my own personal reflection on the mission.

Results We saw a total of 384 patients with an average of 32 patients per day. The average consultation time is 10 min per patient. The most common presenting complaint is sore throat with or without fever (41%). 30% of presenting complaint is related to poor growth or lack of appetite. The most common primary diagnosis is viral upper respiratory tract infection (60%). Significant diagnosis include secondary nocturnal enuresis (10 patients), rickets (1 patient), severe pneumonia and dehydration (1 patient), untreated cleft lip and palate (1 patient). Almost 75% received prescription for paracetamol. Amoxicillin was dispensed to 21% of patients. The unwell patient with pneumonia and dehydration was stabilised locally then sent to the referral hospital. The outcome of her progress is unknown. The patient with untreated cleft was referred via SAMS to a charity specialising in cleft repair. She received her operation a week after the mission.

Conclusion The high rate of well children with acute respiratory disease is attributable to living conditions and desert environment. Rigid dispensing of amoxicillin is important to prevent unnecessary use of antibiotics especially as they are able to purchase without prescription. Trauma is the most likely cause of nocturnal enuresis and the need for mental health support cannot be underestimated. Assessment of anaemia and vitamin D deficiency is prime to avoid chronic complications. While the mission is rewarding personally, there can be further improvements to create a more sustainable model of care. Trainee participation in such missions should be encouraged to raise awareness of refugees' plight and for clinical experience.

G290(P) LINKING PAEDIATRIC ONCOLOGY RESEARCH WITH ELECTIVES

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