

Ethnicity was recorded for 89.9% of attendances.

The gender difference in presentations was greatest for the black population (622 males vs 392 females, M:F ratio 1.59 cf. 1.01 population).

At extremes of IMD, the rates of presentation were lowest (4.8% decile 1, 7.3% decile 10) and gender gap is least pronounced (male:female rate ratio 1.13 decile 1, 1.26 decile 10, greatest 1.39 decile 4).

**Conclusions and clinical implications** More males attend ED than females in all ages and ethnic groups, with greatest gender disparity in the black population. In addition, it appears that the least and most deprived are least likely to present to ED. This study emphasises the utility of operational data for epidemiological research at local level and supports the need to further explore clinical and sociological reasons for differences in gender related attendances.

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G338(P)

### IMPROVING THE EMERGENCY DEPARTMENT EXPERIENCE FOR CHILDREN WITH AUTISM, AND THEIR FAMILIES

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**Aims** The Emergency Department (ED) can be extremely stressful for children with autism spectrum disorders (ASD). We aim to improve the standard of care provided to children with ASD and their families in the ED by introducing measures to reduce anxiety and stress, whilst educating staff and improving staff confidence in managing ASD patients.

**Methods** We assembled a multi-disciplinary team to brainstorm ideas that would improve patient care and decided to introduce a Patient Passport and electronic Communication Needs Alert. We distributed a questionnaire to parents and staff over a 6 week period to explore staff confidence in looking after children with ASD and parent satisfaction with current/previous care experiences. We also explored whether staff and parents would support our proposed interventions, and asked for suggestions of other potential ideas to improve care.

**Results** We surveyed 25 Paediatric ED staff and 9 parents who presented with their children during the 6 week period. Staff

- 84% had no specific training in managing ASD patients
- 76% felt they would benefit from additional teaching

- Only 32% felt 'very confident' or 'quite confident' in managing ASD patients
- 72% felt a Patient Passport would be useful
- 64% felt an electronic Communication Alert would be useful

Parents

- 89% would want to use a Patient Passport
- 89% want to be asked at triage about their child's communications needs
- Only 22% have been asked about their child's communications needs on every occasion they have attended ED

Other suggestions included sensory toys, ear defenders and communication aids.

## Conclusions

- On average at least 1 patient with ASD attends ED per week, so interventions are likely to be worthwhile
- Staff would benefit from additional training in autism management
- Staff and families strongly support introducing both a Patient Passport and Communication Alert

Next steps:

- Roll out Passport and Communication Alert for use in paediatric ED
- Liaise with Community Paediatric teams to distribute Passport further
- Teaching for staff on managing ASD patients
- (P)s inviting parents to highlight their child's communication needs at triage
- Seek hospital charity funding for sensory equipment to use in ED such as ear defenders, PECS cards and social stories.

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### IS BLOOD CULTURE A USEFUL INVESTIGATION IN CHILDREN ADMITTED TO HOSPITAL WITH COMMUNITY-ACQUIRED PNEUMONIA?

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**Aims** Several papers in recent years have challenged the utility of blood cultures in children presenting with community acquired pneumonia. We aim to determine the usefulness of blood cultures taken at the time of initial presentation in the subsequent management of children with lower respiratory tract infections in our institution.

**Methods** From a database of all blood cultures taken in the Paediatric Emergency Department (PED) and Children's Assessment Unit (CAU), we identified a cohort of children who had been admitted to hospital and discharged with a diagnosis of lower respiratory tract infections who had undergone a blood culture test at the time of initial assessment. We retrospectively reviewed the blood culture results, respiratory microbiology (if obtained) and discharge letters of all children (aged 0–16) who had blood cultures sent in January and May 2016 from ED or CAU and were subsequently discharged with 'lower respiratory tract infection' as their main diagnosis.

**Results** 105 patients were identified. The dataset was complete as all records were available via the hospital ICE system. Of