105 blood cultures, 2 were positive (1.9%). One was positive for *Streptococcus pneumoniae* and the other for *Coagulase Negative Staphylococcus*. The latter was concluded to be a contaminant of no clinical significance. As such only 1/105 was a true positive (0.95%) and was fully sensitive to empirical therapy per our hospital antibiotic policy.

34/105 (32.3%) had positive respiratory virology, predominantly from nasopharyngeal aspirate. 34/105 (32.3%) were discharged less than 48 hours from the time of the blood culture. Only two discharge letters specifically made reference to 'sepsis' as part of the diagnosis.

Conclusion Recent evidence to suggest the lack of clinical utility of blood cultures is supported by our local data. Indeed, approximately a third of our patients were discharged before the result of their blood culture was even known. The practice of sending blood cultures for these patients may be borne out of pragmatism around blood-taking from young children; however it is increasingly evident that they add little to clinical management in children with pneumonia.

G340(P) ALICE: ATRAUMATIC LIMP IN CHILDREN PRESENTING TO THE EMERGENCY DEPARTMENT

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10.1136/archdischild-2018-rcpch.330

Aims Atraumatic limp represents a significant proportion of presentations to the ED (1). The majority have self-resolving aetiologies. As part of a quality improvement project, we aimed to reduce unnecessary blood tests, imaging and follow up appointments, by implementing a guideline for the assessment of atraumatic limp.

Methods Following staff education and an awareness campaign, the guideline was implemented and prospectively audited. Data was collected from a clinical report form, and from healthcare records. The analysed data from March to April 2017 was compared to a previous epidemiological study, conducted in the same ED in 2015 (table 1).

Abstract G340(P) Table 1

	2015	2017
Total Presentations with atraumatic limp	131	123
Diagnosis of Transient Synovitis	42%	65%
Patients who had x-rays	74%	57%
Patients who had blood tests	28%	33%
Admissions	3%	6%
Follow up appointments	70%	31%
Representations with subsequent clinically significant diagnosis change (where no initial investigations)	n=2	n=2

Results 35 patients (40% of total) were in a 'low risk group' (ie symptoms <72 hours, afebrile and a normal clinical exam). 14 (40%) of these patients underwent investigations. None of these investigations changed the diagnosis. In total there were 5 changes in diagnosis post discharge. Two were following x-rays reports with abnormalities. Three patients had a diagnosis change that were not initially investigated, one was

subsequently diagnosed with HSP after representing with a lower limb non-blanching rash, one represented with ankle cellulitis and one was re-examined and referred to General Paediatrics with increased tone unilaterally. 60% of patients with a diagnosis of transient synovitis (TS) were discharged home without investigation. Of those diagnosed with TS 17% had bloods and 32% had an x-ray. 35% of these investigations were unnecessary according to the guideline.

Conclusions Implementation of a guideline can aid in the assessment of atraumatic limp and reduce the number of investigations and follow up appointments, without significant adverse outcome. Compliance with the guideline can be further improved.

G341(P) QUALITY IMPROVEMENT PROJECT TO STREAMLINE ACUTELY UNWELL CHILDREN IN A DISTRICT GENERAL HOSPITAL (DGH) EMERGENCY DEPARTMENT

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10.1136/archdischild-2018-rcpch.331

Aims To develop a streamlined process ensuring severely unwell patients are triaged and referred directly to a specialist paediatrician within a timely fashion so that stabilisation and transfer to the ward occurs within the designated 4 hour emergency period. This quality improvement project aims to reduce the number of >4 hour patient waiting times by improving triage within the Paediatric Emergency Department (PED) and enhancing communication between the emergency and paediatric teams. This is important for DGHs with no paediatric assessment unit to monitor patients before admitting or discharging from hospital.

Methods An adapted version of the National Institute of Clinical Excellence (NICE) guidance for fever in the under 5 years (<http://guidance.nice.org.uk/CG1>) was created with specific thresholds to grade severity. The pathway implemented in this project, triaged high-risk patients to the paediatric team and low risk patients to the emergency team despite the method of referral. Data was prospectively collected over a 3 week period, analysed and presented in a departmental meeting and recommendations implemented for further cycles. We performed two cycles of quality improvement in this project.

Results A total of 87 and 188 patients were included in cycle 1 (C1) and cycle 2 (C2) respectively. The demographics for each cycle were similar, the average age being 1.83 and 1.48 years respectively (p=0.51). There was no statistical difference between the presenting complaints for each of the cycles (p=0.969). Average PED duration was reduced from 3:24 hours to 2:36 hours (p=0.0009). The number patients waiting >4 hours significantly reduced from C1: 17/87 (19.5%) compared to C2: 14/188 (6.9%). In C2 we investigated the outcomes of PED attendance and discharge destination. During C2, 141/188 (75%) patients were discharged, 26/188 (13.8%) patients were admitted by the paediatric team, the remaining were ambulated or referred to another specialty.

Conclusion By introducing our adapted NICE guidance pathway we demonstrated that average time spent in PED and number of children waiting >4 hours can be significantly