Methods A literature review encompassing ‘falls from windows +children’ between 1990–2017 was performed.

Results Demographics

- Falls are the most common cause of accidental injury to children, and one of the commonest causes of death in children >1 year
- Every year 4,000 children in the UK <15 years are injured falling from windows
- Boys are 2–3x more likely to fall than girls
- 73.3% children hospitalised are <5 years
- Black children are 3x more likely to fall than non-black children
- Closely linked with social deprivation – poor quality housing, overcrowding and inadequate supervision are contributing factors
- Most frequently happen in the spring, summer, during holidays and weekends
- 68% falls occurred at home – in one study the bed had been placed close to an open window in 83% cases

Injuries

- Most common pathology following a fall of at least 1 m is head trauma (63%), 17.3% having multiple trauma
- Severe head injuries carry a high risk of mortality, particularly in younger children
- The mortality rate for falls from windows is 4.7%, compared to 0.07% for other falls
- 87% of victims fell from the third floor or lower

Prevention

- Education and publicity campaigns
- Window catches, guards and restrictors to stop windows opening >10 cm
- Move beds/furniture away from windows
- Building legislation to safeguard high windows
- Opportunistic advice on fall prevention prior to discharge from hospital

Conclusion Falls from windows are one of the top five injuries in the <5's. Many of the risks are predictable and amenable to simple interventions.

In the UK falls from windows are persistent with social inequalities placing poorer children at greater risk, demonstrating that preventive strategies are suboptimal.

Paediatricians have a duty to act as injury prevention advocates; to identify needs, raise awareness and influence action for enhanced child safety measures. The morbidity from falls from windows warrants acknowledgement with robust multifactorial prevention strategies to promote the safety and well-being of children.

G430(P)

RECOGNITION AND RESPONSE TO PAEDIATRIC OBESITY IN THE GENERAL OUTPATIENT POPULATION: ARE WE MISSING A KEY OPPORTUNITY?

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10.1136/archdischild-2018-rcpch.419

Aims Obesity negatively impacts physical health, mental well-being and shortens life expectancy.¹ Reducing childhood obesity rates will save lives.² Despite this, children are only routinely screened for obesity twice (4–5 years and 10–11 years) through the National Child Measurement Programme (NCMP).³ Additional opportunities to identify overweight/obese children cannot be missed.

This study aims to explore the prevalence of overweight/obese children in the outpatient population of a district general hospital (DGH) and assess the recognition of these children by paediatricians.

Methods This pilot study began with an audit of growth parameters for 87 children (2–16 years) attending paediatric outpatient/ambulatory clinics during one week in September 2017. Retrospective body mass index (BMI) centile plotting enabled identification of overweight (≥ 91 st but < 98 th centile), obese (≥ 98 th centile) and severely obese (> 99.6 th centile) children. Clinic letters were reviewed to check if children were recognised as overweight/obese during medical consultations.

Collaboration with the Public Health Agency (PHA) facilitated comparison with NCMP data.

Results 100% children were weighed but 14% (12/87) had no height documented. BMI centiles were plotted for the remaining 75 children (56%-male, 44%-female). 28% were overweight/obese which compared similarly to NCMP data showing 27% overweight/obese 10–11 year olds in the trust's geographical area.⁴ Our study had more obese children at 15% (including 4% severely obese) compared to NCMP data at 6.6%.

Only 3 patients had a BMI plotted and consequently diagnosed as obese (all severely obese). 86% of overweight/obese children (presenting with constipation, asthma, enuresis etc) were not actually recognised as overweight/obese during the consultation.

Conclusions Our paediatric outpatient population has an alarmingly high prevalence of obese/overweight children, yet this problem is poorly recognised. Subsequent questionnaires indicated strong staff support for height/weight/BMI centile plotting for every child to improve obesity detection. Therefore, universal BMI plotting (utilising the RCPCH growth app) is being implemented as a quality improvement drive. Telephone information-gathering exercises revealed fellow DGHs reporting similar challenges with paediatric obesity recognition. Our pilot has grown into a regional obesity awareness project. We are collaborating with dietitians, physiotherapists and the PHA to create a multicentre, multidisciplinary paediatric obesity awareness e-learning package for staff.

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