Case Report

**G90(P) SINUSITIS: JUST ANOTHER CAUSE OF HEADACHE OR AN INNOCUOUS KILLER?**
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A 13-year-old boy presented to A and E with left sided weakness, altered consciousness and right gaze deviation. His parents found him in on the morning of admission confused and aphasic. Over the preceding ten days, he had complained only of a headache with pain over the right eye but no other neurological symptoms. He had presented to the GP once prior to admission and was diagnosed with possible migraine. On examination, he was aphasic, confused with a GCS 11/15 and had left sided weakness. On initial presentation, he was afibrile with otherwise normal observations.

**Investigations** He had an urgent CT, which was reported as normal followed by an urgent MRI. MRI revealed right frontotemporal subdural empyema with pneumatocele and evidence of maxillary sinusitis. Blood investigations revealed a raised white cell count (20) with a neutrophilia (18) and raised CRP (217).

**Treatment/outcome** The patient received IV antibiotics, 3% saline and dexamethasone. Shortly after this, he was transferred to a neurosurgical unit and had an emergency right frontal craniotomy and drainage. Subsequently he required regular maxillary sinus washouts for four days. Bacterial culture revealed *Streptococcus milleri*. He received 6 weeks of IV antibiotics and has made a full neurological recovery. Repeat MRI reveals resolution of empyema and he has been discharged from secondary care.

**Conclusions** This case was chosen to highlight to paediatrician and primary care gives the potential serious sequelae of untreated sinusitis. Systematic review reports the morbidity rate as 27% and mortality rate was 3.3%. Early aggressive medical, ENT and neurosurgical intervention has proven to improve neurological outcome. Patients should also be evaluated from an immunological perspective, as serious sinogenic infections can be a sign of immunodeficiency.

**REFERENCES**

**G90(P) I’M SORRY, BUT WE HAVE JUST GIVEN YOUR CHILD THE WRONG MEDICINE**
A Klimach, K Cruse, D Tuthill. Paediatrics, Cardiff and Vale University Health Board, Cardiff, UK.

**Aims** To evaluate families views on how they would like to be informed about medication errors.

**Methods** We devised a parental questionnaire asking if their child used medication and if they had experienced an error. Three scenarios for medication errors with; no/low/significant harm were presented along with 4 options as to how to be told:

1. Tell them over the phone immediately
2. If we can’t contact them, leave an answer phone message that there is a problem
3. Tell them face to face when they return
4. Wouldn’t want to be informed

**Results** We asked 100 parents: 85 mothers and 15 fathers; 52 inpatients and 48 outpatients. 53% of the children were taking regular medications and 7% had experienced a medication error.

**Parents preferred to be told by**: a doctor 54%, nurse 10%, either doctor or nurse 32% and 4% did not mind. Several specified that this would depend on the severity of the error and who was most available.

**Conclusions** Most parents would like to be informed about a medication error by a doctor as soon as it is identified. If they are not present they would prefer to be contacted by telephone, although not via an answering machine message. Where no harm is expected, waiting until parents are present was generally acceptable to them (table 1). Trust between families and healthcare professionals is encouraged by honesty and openness. Best practice should be to provide information as soon as possible; however this may present logistical challenges to meet these expectations.

**Abstract G90(P) Table 1**

<table>
<thead>
<tr>
<th>Informed by:</th>
<th>Scenario</th>
<th>No harm</th>
<th>Low harm</th>
<th>Significant harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>39%</td>
<td>69%</td>
<td>82%</td>
<td></td>
</tr>
<tr>
<td>Leave answer-phone message</td>
<td>6%</td>
<td>6%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Face to face</td>
<td>49%</td>
<td>25%</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Not informed</td>
<td>6%</td>
<td>0</td>
<td>0</td>
<td></td>
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</tbody>
</table>

**G91(P) PRESCRIBING IN OVERWEIGHT AND OBSESE CHILDREN**
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**Aim** Childhood obesity is a growing global health burden. Prescribing medications for this cohort has until now relied on empirical experience with no set guidelines to inform drug dose calculations. Standard body weight calculated dosages have led to supratherapeutic doses commonly being prescribed. Recent research has highlighted the need for a new body weight adjusted approach to prescribing. This project aimed to evaluate whether these recent developments are being