compare results with the first loop of the audit in August 2014

Methods This was a retrospective audit reviewing case notes of all infants who presented to the emergency department with an injury during the 6 month period of May- October 2016. We compared our results to a smaller audit completed in 2014.

Results A total of 440 patients under 1 were discharged following a presentation due to injury during the 6 month period. Of the 440 patients 50 (11.4%) did not have correct proforma completed (table 1).

Abstract G131(P) Table 1 Total injuries under 1 and further re-attendances over 12 months of age

	Number	% of total
1 injury<12 months of age only	390	88.6%
2 injuries<12 months of age	48	10.9%
3 injuries<12 months of age	2	0.5%
0 further injuries over 12 months*	362	82.2%
1 further injury over 12 months of age*	72	16.4%
2 further injuries over 12 months of age*	4	0.9%
3-4 further injuries over 12 months of age*	2	0.5%

*Patients followed up for 12 months following initial presentation

Discussion From our previous 2014 data there has been an improvement in use of the injury under 1 proforma; 88.6% compliance versus 70% in 2014. The re-presentation rate increases with age which is expected given increased mobility over 1. The patient who had multiple (4) re-presentations was referred to social work resulting in extra parental support. One patient who had 2 injuries under 1 subsequently presented with a burn age 16 months. There were serious safety concerns with the result being the child was placed in kinship care.

G132(P) BETTER COMMUNICATION TO ENHANCE PAEDIATRIC TRAINEES WORKING LIVES

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Aims During the junior doctors' contract dispute, paediatric trainees were keen to build networks and strengthen the sense of belonging to a community, which is central in Maslow's hierarchy of needs. In particular, trainees wanted to find out more information about training opportunities. In view of this, we set out to improve communication within the school of paediatrics.

Methods Four key areas of communication were identified and reviewed:

A trainee working group was set up to update and manage the website

Creation of a new logo for the regional school

Development of an official facebook page by a group of trainees

Regular dissemination of emails by a new school administrator

One year later, the effectiveness of communication within the school of paediatrics was evaluated by means of an online survey conducted over a 2 week period in September and statistical analysis from the school website and the facebook page.

Results 334 people including trainees and consultants joined the facebook page. This page is regularly updated by trainees. Some particularly relevant posts reached up to 2000 views.

School website visits increased by 14.3% from Sept 2016 to August 2017. Visits reached the highest point during the recruitment and application period (October and November). Within the deanery, the school of paediatrics has been identified as having one of the best and most informative website.

57 trainees responded to the survey. Of these 72% (41/57) accessed the facebook page, 79% (45/57) accessed the school website with 67% (38/57) mainly for information about study days. 77% (44/57) were informed about study days via email. Overall 77% (40/52) of trainees felt communication has improved within the school of paediatrics.

Conclusion The new improved communication strategies increased trainee engagement, in particular with the school website. We strongly believe that effective dissemination of training opportunities and broadcasting of school events helps promote a community spirit for paediatricians within the region. We hope that this will in future reflect onto recruitment and retention of paediatrics doctors in the Deanery.

G133(P) IMPROVING PARENTAL COMMUNICATION IN A BUSY DISTRICT GENERAL NEONATAL UNIT

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Introduction Communication is a vital part of Neonatal medicine. Effective communication enables parents to be fully-informed and up-to-date with their baby's care. A significant proportion of newborns are screened and treated with antibiotics for suspected sepsis if there are positive maternal risk factors and/or baby is born in a poor condition or has abnormal observations such as tachypnoea, tachycardia and temperature instability. Maternal risk factors include Group-B Streptococcal infection, premature rupture of membranes, and maternal pyrexia. The decision to screen and treat frequently occurs on labour ward or theatre, where the mother herself may be unwell, therefore unable to acknowledge and process the verbal communication that takes place.

Aim To improve parental communication by providing written information and evaluate if this would improve understanding, confidence going home, and overall care satisfaction.

Method We surveyed 22 parents of newborns who were screened and treated with antibiotics. We produced a questionnaire to assess the need for written information, current understanding and confidence going home. We identified key information parents wished to know and from this produced a leaflet. The leaflet was trialled then implemented. Effectiveness was assessed through a further questionnaire.

Results We found that with the pre-leaflet questionnaire 74% of parents thought written information would be useful. 72% of parents understood why their baby was on antibiotics and only 29% had knowledge of antibiotic duration. Worryingly only 75% of parents felt confident going home leaving 25% not confident.

Post-implementation, 94% of parents understood why their baby was on antibiotics and 88% had knowledge of antibiotic duration. 95% of parents found the leaflet useful with an increase of 20% of parents feeling confident about going home (95%) see table 1.

Abstract G133(P) Table 1

Questions	Pre-implementation of Leaflet	Post-implementation of leaflet	Improvement percentage
Understanding of why on Antibiotics	72%	94%	22%
Confidence going home	75%	95%	20%
Knowledge of antibiotic duration	29%	88%	59%

Conclusion Following introduction of our leaflet there has been an improvement in parental understanding and confidence going home. This in turn has led to an overall increase in parental satisfaction of their baby's care.

G134(P) IMPROVING COMPLIANCE WITH NATIONAL GUIDELINES FOR EARLY ONSET NEONATAL SEPSIS

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Aim An audit of compliance with NICE guideline CG149 for the management of early onset neonatal sepsis (EONS) undertaken at this hospital indicated underperformance with respect to duration of antibiotic treatment and choice of benzylpenicillin dose. A re-audit was carried out to evaluate the impact of measures introduced to improve compliance, with a particular focus on duration of antibiotic treatment.

Method Results of the initial audit were presented to the department, leading to the selection of champions for change. An intervention strategy was devised, which comprised of introducing a new section to the neonatal handover list, whereby date and time when repeat CRP and review of blood cultures should take place was clearly documented, together with results as they became available. This intervention was introduced at a departmental meeting, and received enthusiasm from junior doctors and consultants. Both audits were retrospective, spanning 12 months and 5 months respectively. Data were retrieved from case notes and the Trust's electronic laboratory management system.

Results The findings presented in the table 1 show that;

1. audits analysed >75% of the cases of suspected EONS;
2. proportion of babies receiving ≤48 hours of antibiotics increased from 18.5% to 69%;
3. proportion of babies receiving a full 7 day course of treatment increased from 35% to 82%;
4. compliance with benzylpenicillin dosing increased to 100%.

Abstract G134(P) Table 1

	Original Audit (12 months)	Re-audit (5 months)	p*
Babies tested for suspected EONS, n	204	106	
Casenotes reviewed, n (%)	159 (78)	80 (75.5)	0.95
Babies without sepsis receiving ≤48 hours of antibiotics, %	18.5	69	<0.0001
Babies with sepsis receiving 7 days of antibiotics, %	35	82	0.02
50 mg/kg dose of benzylpenicillin used for meningitis only, %	0	100	<0.0001

*Mann-Whitney test

Conclusion Introducing a robust system for ensuring the timely review of CRP and blood culture results has improved overall compliance with NICE guidelines, and in particular, has significantly reduced the number of babies receiving inappropriate durations of antibiotic treatment.

G135(P) CHANGING LOCAL POLICY ON INTRAVENOUS FLUID CHOICE; IMPROVING SAFETY, COST-EFFECTIVENESS AND COMPLIANCE WITH BEST PRACTICE

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Aim Using isotonic solution is considered best practice in the treatment of most children requiring intravenous fluids, in accordance with NICE guideline NG29. We observed that paediatric patients in this hospital frequently received 0.45% saline with additional glucose ±potassium for maintenance. Other fluid preparations frequently prescribed for children included 0.9% saline and Hartmanns Solution. Our aim was to develop a new guideline for intravenous fluid prescription which conformed to best practice and streamlined choice of solution.

Methods A review of evidence regarding use of isotonic fluids in paediatrics was undertaken. Based on this, the feasibility of introducing PlasmaLyte (with and without 5% glucose) was explored. Information concerning licensing, safety and cost-comparison with intravenous solutions currently used in the trust was reviewed. The acceptability of PlasmaLyte within the regional paediatric network was established. This information was presented to key stakeholders, followed by a proposal to introduce PlasmaLyte as the fluid of choice in all paediatric patients in the trust, unless specifically contraindicated.

Results PlasmaLyte is a balanced crystalloid licensed for intravenous use (with and without 5% glucose) in paediatrics, for bolus and maintenance infusion. An emerging body of evidence supports its clinical superiority when compared to other fluid preparations. There are, however, certain conditions, for example pyloric stenosis, in which PlasmaLyte is contraindicated. Although more expensive than saline solutions, taking into account the frequency of use of saline with additives, which is considerably more expensive, overall cost-comparison