FASD fill our jails.' There are 25 differential diagnoses to FASD. Many with FASD are misdiagnosed as Autism Spectrum Disorder. In the single UK clinic for FASD assessment, 49% of attendees were pre-diagnosed with ASD. There are trans generational aspects concerning the cycle of addiction from generation to generation. Those with FASD are at increased risk of addiction to alcohol. Prevention of FASD can break this cycle.

In Ireland the evidence indicates that: four in five of first pregnancies are exposed to alcohol; nearly one in two (45%) are exposed at high-risk levels. Two in five pregnancies are unplanned, increasing the chance they will be exposed to alcohol. Pregnant women do not consistently receive timely maternity care or support for their Alcohol & Drug issues. Health professionals do not consistently provide information on the risks of drinking during pregnancy or routinely screen for alcohol issues. Most clinicians lack the capability to diagnose FASD. Families of people with FASD struggle to access appropriate support and report a lack of understanding from services, professionals and even other family members. FASD affects children and young people in child care and protection services.

The elephant in the room: to what extent is ASD a manifestation of FASD? FASD diagnosis requires documented prenatal alcohol exposure – this limits ascertainment. Universal screening & brief intervention for alcohol; and at-risk group Parent Child Assistance Programmes, are effective public health interventions in the prevention of FASD.

Knowledge is power. Those with FASD deserve the correct diagnosis towards understanding and acceptance. Paediatricians are key to this diagnosis. Active surveillance for FAS in at risk populations is undertaken in other jurisdictions. Namely, children in state care, young offenders, the prison population; and population based surveillance within national schools, whereby all those less than 10th/25th centile for growth (height) are screened for FAS. While FAS is suited to screening, the diagnosis of FASD is more challenging. Both are underdiagnosed and under ascertained. Prevalence data is needed to make the business case for public health interventions.

P137 AN AUDIT TO CHECK THE AWARENESS AMONG PAEDIATRIC NCHD ABOUT DOCUMENTATION OF CHILDHOOD DEVELOPMENT IN CLINIC LETTERS IN WEXFORD GENERAL HOSPITAL

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Introduction Development is the period of physical, cognitive and social growth that begins at birth and continues through childhood. Between 1–3% of children suffer from global delay. Maximum development occurs in the first two of years of life. Early recognition of developmental issues is important to have a better outcome, appropriate referral and involvement of other services.

Aim Aims of the audit is to see the awareness among NCHD (non consultant hospital doctors) towards development assessment and documentation in clinical letters of patients coming to clinic from Jan 2018 to July 2018.

Methodology Retrospective audit was done from January 2018 to July 2018.

A Proforma was designed and random clinic letters of patients attending paediatric clinic were screened for documentation of all six areas of childhood development (gross motor, fine motor vision, hearing, speech and language and social) seen by NCHD.

Results

1. Total 70 patients were included in the audit.
2. 45 male and 55 female patients.
3. Age range varies from 3 months to 13 years.
4. 35 (50%) of the patients were below 5 years of age.
5. Childhood development was mentioned in 30(43%) of patients.
6. 40 (57%) patients have no records of being screened for appropriate age related developmental milestones.
7. Out of 70 only 6 patients (8%) have their proper documentation about the development indicating all six areas of development.
8. Regarding different areas of development documentation was as follows:

Gross motor 14(20%) Fine motor 10(14%) Vision 07(10%)

Speech 12(17%) Hearing 06(08%) Social 11(15%)

Conclusion Developmental assessment is a neglected area in general paediatrics clinic settings.

Outcome about the documentation of general paediatric development assessment was very poor as 57% of the patients have no records of any development assessment in clinic.

Recommendations

1. Awareness should be raised among NCHDs about the importance of developmental assessment in children coming to clinic.
2. A regular training session for new doctors about routine developmental screen at the start of rotation may be helpful.
3. There should be a brief developmental check list and clinic letter layout displayed in clinic area settings.
4. More opportunities should be given to NCHDs to attend developmental clinics

P138 IMPACT OF CHRONIC PAIN ON ADOLESCENTS' SCHOOL FUNCTIONING: A SYSTEMATIC REVIEW

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Background Chronic pain that persists for more than three months and continues beyond the normal period of tissue healing is considered as a significant health problem among children. Chronic pain has a significant impact on children and adolescents' daily activities. Importantly, school functioning including school attendance, academic achievement, perceptions of self and teacher towards academic competence, classroom attention, participation in school activities, and social functioning, appears to be influenced by paediatric chronic pain. It is therefore important to manage the pain of children and adolescents in the school settings in order to minimise impact on school functioning.

Objective This aim of this review was to critically synthesise current empirical studies on the impact of chronic pain on