Methodology There was a retrospective review of all patients reviewed in clinic in the last 3 months with Cerebral Palsy less than 18 years old. The radiology system ‘NiMIS’ was used to check for evidence of imaging and clinic letter was reviewed for evidence of clinical examination. The patients were classified according to their GMFCS group and results documented as ‘Yes’ ‘No’ if compliant to one or both guidelines and ‘Don’t know’ if the images were not available on NiMIS.

Results 12 patients were included in this re-audit with the overall compliance being 90%. GMFCS 1 included 3 patients all meeting the surveillance guidelines. GMFCS 2 included 3 patients with 100% compliance. GMFCS 3 included 2 patients with 50% compliance. GMFCS 4 had no patients. GMFCS 5 included 4 patients with 100% compliance and Hemiplegic Gait Group included 1 patient with 100% compliance.

Conclusion We are now above the standard set for compliance to these guidelines. The re-audit was over a shorter time with fewer patients, however it does suggest an initial positive change. The plan will be to re-audit again in six months and a year’s time to ensure that this level of compliance is maintained.

REFERENCES

PAEDIATRIC POCKET GUIDES: ADAPTATION OF AN EXISTING LOCAL IRISH RESOURCE TO OVERCOME CHALLENGES TO CLINICAL GUIDELINE IMPLEMENTATION IN A LIMITED RESOURCE PAEDIATRIC ONCOLOGY SETTING IN TANZANIA

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We adapted an existing pocket guide to provide an easily accessible solution to support implementation of paediatric oncology guidelines for staff of the Paediatric Oncology Unit at Muhimbili National Hospital, Tanzania.

Background In 2018, a team of Irish Childrens’ Nurses were invited to support the provision of the first 8-week Paediatric Oncology Nursing Course in Muhimbili National Hospital. Support was provided in the classroom, through clinical mentorship on the ward and the development of the Paediatric Pocket Guide (PPG).

A detailed, locally appropriate Supportive Care Handbook had been developed for nurses and doctors working in the Paediatric Oncology Unit. However, the printed guidelines were expensive to print, bulky to routinely carry and regularly ‘disappeared’ from the ward. Rapid staff turnover (interns change every week) also made dissemination difficult. Due to hospital IT issues the document was not available on ward computers. The lack of accessibility was felt to be a contributing factor to the lack of adherence to clinical protocols and guidelines. Gaps in knowledge and understanding of complex oncology issues have a direct impact on the provision of safe consistent care and survival of children treated on Uendo Children’s oncology ward. Similar challenges were noted with the implementation of a tailored Paediatric Early Warning System (PEWS) on the ward.

Intervention Two versions (nursing and medical) of a summary pocket-sized paediatric oncology guideline resources were developed and printed on water-resistant cards. All staff attending specific education sessions were given a personal copy. Three months following the introduction of the Paediatric Pocket Guide an evaluation survey was completed. The findings were overwhelmingly positive

- 100% of staff find it very useful
- 100% of staff say their knowledge of oncology guidelines has improved and helps them follow the guidelines
- 67% strongly agree and 33% agree that patients are safer following the introduction of the PPG

Examples were given of when the pocket guide was used in clinical practice and suggestions for improvement.

Learning The PPGs have led to improved adherence by ward staff to oncology protocols and guidelines and improved awareness and implementation of the PEWS.

Creating locally relevant clinical guidelines is essential but consideration must also be given to how this information will be imparted to staff. The lightweight but cheap and durable pocket-guides have bridged this very significant gap between knowledge generation and clinical application. They also prompt guidelines to be regularly reviewed and updated with each new printed edition.

AN AUDIT OF MANAGEMENT OF FEVER IN INFANTS YOUNGER THAN THREE MONTHS ON A GENERAL PAEDIATRIC WARD

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Introduction Fever is a common presentation in paediatrics. Infants <3 months presenting with fever should be managed on an inpatient basis due to the increased risk of serious bacterial infection (SBI), with infants <1 month always considered high risk for SBI. The local guideline in Cavan General Hospital for the management of these infants is based on NICE guidelines. A previous audit revealed poor compliance. We aim to determine if compliance has improved.

Aim To determine compliance with guidelines for the management of fever in infants younger than 3 months.

Methods 38 infants younger than 3 months were admitted to the paediatrics ward in Cavan General Hospital with fever between January 1st 2018 and December 31st 2018. Charts were reviewed retrospectively using set criteria to determine compliance, and identify areas where improvement was necessary.

Results 37 charts were reviewed. One chart could not be located at the time of the study. Of 37 patients, 9 were less than one month of age, and 28 were between 1 – 3 months. All patients had blood tests done, though not all had a venous blood gas performed as per protocol. One patient only had an FBC done, with no U&E or CRP. All but two patients had a urine sample checked.