Of 37 infants, 16 had a lumbar puncture performed, with a further three having attempted lumbar puncture. In the < 1 month old group, who should be considered as high risk for SBI, only 5 of 9 infants had a lumbar puncture performed. Additionally, a number of lumbar punctures were delayed, with one lumbar puncture delayed by 4 days.

Regarding treatment, 26 infants received parenteral antibiotics; 16 of these infants received 'triple antibiotic therapy' consisting of amoxicillin, gentamicin and cefotaxime. Additionally, 6 infants who were treated with antibiotics due to concerns regarding sepsis did not have a lumbar puncture.

Conclusions This audit shows that while we are compliant with investigations such as blood tests, and urine sampling in most cases, compliance with guidance regarding lumbar puncture and antibiotic treatment is still poor, and the audit revealed significant variation in these areas, suggesting greater education regarding guidelines is required.

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THE DEVELOPMENT OF THE DOWN SYNDROME HEALTH SURVEILLANCE CLINIC

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The problem Down syndrome (DS) is the most prevalent chromosomal abnormality accounting for 8% of all registered cases in Europe. One baby with DS is born out of every 444 live births in Ireland. Recent decades have seen a substantial increase in the life expectancy of children with DS. The implementation of medical guidelines with preventative health care programmes have helped to improve life expectancy and quality of life.

Aim The development of a multidisciplinary one stop clinic to provide health surveillance for children with Down Syndrome to improve adherence to guidelines outlined by the Down Syndrome Medical Interest Group UK and Ireland (DSMIG).

Making a case for change

In 2015, an audit of adherence to medical guidelines outlined by DSMIG was performed comparing children attending a disability-based service in comparison with a hospital-based service. Compliance to guidelines was higher in the hospital-based clinic. An interprofessional group performed a root cause analysis and subsequently developed a dedicated multidisciplinary DS Health Surveillance Clinic (DSHSC) amalgamating the clinic run in the disability service with children attending hospital-based general paediatric clinics.

Improvements seen The DSHSC occurs twice monthly and caters for 207 children with DS. Families are reviewed by the medical team and DS Clinical nurse specialist and rotate through audiology and phlebotomy as required. A clinical proforma has lead to significant improvement in assessing for symptoms of obstructive sleep apnoea, coeliac disease, atlantoaxial instability and arthropathy associated with DS as well as developmental assessment. Compliance to national

guidelines improved on re-audit of 58 patients attending the DSHSC chosen at random of similar demographics.

In conjunction with re-auditing of adherence to guidelines, parental questionnaire was distributed at random to families attending the clinic. Parental satisfaction was 100% (n=24) good to excellent on a 5-point Likert scale. Sixty-six percent (n=16/24) had a wait-time of less than 30 minutes. Additional dietetic and play therapy support was reported to enhance the clinic experience by 58% (n=14/24) and 79% (n=19/24), respectively, of respondents.

Conclusion The DSHSC provides parents with a 'one stop' clinic with access to medical and nursing support, phlebotomy and audiology. The co-ordination of same day appointments reducing time missing from school and work, and sharing of information. The use of a clinical proforma reduces the cognitive burden of medical staff in reviewing children and improves adherence to guidelines. We aim to continue to run health promotion projects, such as immunization education, through the clinic.

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A GUIDELINE FOR THE SECONDARY CARE MANAGEMENT OF TICS IN CHILDREN IN THE BELFAST TRUST

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Background Tic Disorder is a common problem that affects 1:1000 children. Tics can either be an isolated phenomenon, causing minimal stress or can be functionally significant causing interference with day to day life.

Within the Belfast trust many children are referred by General Practitioners to general paediatricians in the Royal Belfast Hospital for Sick Children because of concerns about tics. It was noted after discussion with the general paediatric team that investigations, management and referral patterns differed among general paediatricians.

Aims The authors therefore concluded it would be helpful to develop a guideline to

1. encourage a consistent investigation and management approach for Tic disorder and
2. clarify referral pathways from Belfast Trust general paediatrics to psychology, neurology and community based services including Child & Adult Mental Health Services (CAHMS)

Methodology In 2018, a small working group was established in RBHSC, consisting of two general paediatricians, one consultant paediatric neurologist, the lead paediatric psychologist and a paediatric trainee. An initial draft, based on information and evidence from current medical literature, was produced. It was subsequently amended several times after working group meetings and regular email correspondence. Belfast Trust Community paediatricians and the CAHMS lead were consulted, with particular attention to the referral pathways. The wider general paediatric medical team was asked to review the final draft. Help was obtained from a quality improvement manager to ensure the guideline met Trust quality and formatting standards.

Results The guideline is now complete and awaiting final approval from the Belfast Trust. It contains advice on