P182 ARE WE MISSING ANORECTAL MALFORMATIONS?Jennifer Finnegan*, John David Corcoran. *Rotunda Hospital, Dublin, Ireland*

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Background Anorectal malformations (ARM) have an incidence of 1:2,500. ARM such as imperforate anus are commonly overlooked on newborn examination. 21% of cases in Ireland are late diagnoses¹. Delayed diagnosis is associated with significant morbidity and mortality. The inability of the infant to pass meconium can lead to perforation of the small bowel requiring emergency surgery and colostomy formation². The Faculty of Pediatrics advises thorough perineal examination as part of routine newborn examination², the Rotunda guidelines on Newborn Examination also state that infants require physical examination shortly after birth³. Two cases of imperforate anus were diagnosed in our hospital within a 6 month period in 2018. One case was a delayed diagnosis at 27 hours of age when the infant was reviewed for failure to pass meconium.

Aims

1. To identify if newborn examination is being completed and documented at time of delivery.
2. To identify if examination of the anus specifically is being documented.
3. To establish if mode of delivery impacts on whether initial examination is completed.

Methods A concurrent review of electronic healthcare (EHR) record of all babies on the postnatal wards was conducted over a 48 hour period in February 2019. Microsoft Excel was used to collate data.

Results Of 71 records reviewed, 44 patients had a complete examination including documentation of a patent anus using a template on the EHR. 27 patients (38%) did not. In two cases examination was performed and documented in free-text. In both cases, examination of the anus was not recorded.

33 patients were delivered by caesarean section, of these 67% had initial examination documented. 28 babies were born vaginally, 50% had examination documented. Of 10 babies born by assisted vaginal delivery, 80% had an examination documented.

Conclusion 38% of patients did not have an early newborn examination performed.

The use of an electronic template increases the likelihood that complete examination will be carried out.

Mode of delivery affects the likelihood of initial examination being completed, with babies born by instrumental or caesarean delivery more likely to have an early newborn examination than those born vaginally.

Recommendations It is recommended that the template for newborn examination on the EHR is utilised to reduce the risk of overlooking any part of the examination.

Results will be disseminated to stakeholders with reminder of the importance of early newborn examination. The audit cycle will be repeated in 3 months with the aim of improving compliance.

P183 USING SCHWARTZ ROUNDS TO PROMOTE MULTIDISCIPLINARY TEAMWORK AND COMPASSIONATE CARE IN A TERTIARY CHILDREN'S HOSPITALLyndsey Thompson*, Mary-Clare McGovern. *RBHSC, Belfast, UK*

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Background Schwartz Rounds are a multidisciplinary forum in which healthcare staff within an organisation discuss the psychological, emotional and social challenges associated with their work in a confidential and safe environment¹. The aim of these rounds is to allow staff from all disciplines to consider their experience of providing care, especially any challenging issues². It is hoped that by sharing such aspects of work, stress and anxiety can be reduced and thereby the ability to give more compassionate care to patients is enhanced².

Methods Schwartz Rounds were commenced in Royal Belfast Hospital for Sick Children (RBHSC) in May 2018. RBHSC is the first acute hospital in Northern Ireland to implement Schwartz rounds. Feedback sheets were completed by attendees of all rounds held in RBHSC between May 2018 and January 2019. This feedback included information regarding the perceived impact of the rounds on patient care, and appreciation of the roles and feelings of colleagues within multidisciplinary teams (MDT).

Results 4 Schwartz rounds were held in RBHSC during this period, with a mean of 43 members of staff attending each round. Rounds were attended by a range of members of the paediatric MDT. 91% of attendees felt that they gained insights that helped them care for their patients, and 100% reported that the round had improved their understanding of how colleagues feel. 96% would recommend Schwartz rounds to colleagues.

Conclusion Participants of Schwartz rounds report that attending Schwartz rounds enhanced their understanding of how colleagues feel, alongside gaining insights to help improve patient care.

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P184 CHALLENGES OF PAEDIATRIC TRACHEOSTOMY : A 15 YEARS EXPERIENCE IN TEMPLE STREET CHILDREN HOSPITALJasinth Vani Raja Sekaran*, Clifton Wijaya, Kathy Rose, Muhammad Amin, Eimer Phelan, Stephen Kieran, Michael Colreavy, Helena Rowley. *Temple Street Children Hospital, Dublin 1, Ireland*

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Necessity of tracheostomizing paediatric patients has always been a taboo with significant mortality and morbidity. Over this past decades the indication has been revised but still a number of them still undergo the procedure as mainstay of airway management. This paper is a retrospective analysis of sequel and outcome of paediatric patients who were tracheostomized at Temple Street Children Hospital for the last 15 years. In total 76 patients were tracheostomized from year 2003–2018 and 62% of them were eventually decannulated. Average time taken for decannulation was 4.5 years. The quickest decannulation was achieved within six month and longest decannulation took nine years. Among decannulated patient 4.3% required re-insertion of tracheostomy however they were successfully decannulated after a year. Unfortunately, 29% of study population still have tracheostomy in situ and the remaining 9% were unable to decannulate and eventually

passed away due to primary disease progression. The mainstay of our analysis was to look at factors associated with delay in decannulation among children and the associated morbidity.

P185 DEVELOPMENT OF A BRONCHIOLITIS ASSESSMENT TOOL IN TWO BUSY UK DISTRICT GENERAL HOSPITALS: 'BRONCHIOLITIS-MADE-EASY'

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Background/Aim Bronchiolitis is one of the commonest causes of hospital presentations during the winter period. It poses a great deal of strain on the health care staff and resources. A targeted assessment tool is thought to provide a prompt and optimal assessment to limit unwarranted investigations and hospital admissions. The acute assessment of children with a clinical diagnosis of bronchiolitis was initially audited with subsequent re-audit using the assessment pro forma.

Methods Children admitted with bronchiolitis between November 2017 and January 2018 in one hospital site were randomly selected. Medical notes were reviewed to evaluate the clinical assessments and treatment(s) offered in comparison with NICE guidance. A pilot study was subsequently performed to assess the use of the new assessment pro forma by medical students and junior doctors.

Results Thirty medical notes were randomly selected for the audit. History of apnoea was inquired in 7 of 20 infants aged 3 months and below. Oral intake was clearly documented in only 36.7% (11/30). Neonatal events were clearly documented in 96.7% (29/30). Documentation of exposure to passive smoking occurred in 23.3% (7/30). Only 50% had documented assessment of hydration status and femoral pulses. Blood tests were requested in 13 infants with clinical indications documented in 7. Sixty-five percent (11/17) had no documented clinical indication for chest radiograph. Inappropriate treatments (bronchodilators, steroids, antibiotics) were initiated in 30% of infants. The pilot study involved 15 volunteers (medical students and junior doctors) on the use of the assessment pro forma in the 2 hospital sites. Analyses of the pro forma demonstrated 100% compliance in all parameters re-audited.

Conclusion The new pro forma has demonstrated its usefulness in targeted assessment of children with suspected bronchiolitis. Well-focused history and examination will safely stratify children to be managed in the community or hospital. The feedbacks received from its use were excellent.

P186 LYMPHADENOPATHY REFERRALS TO A GENERAL PAEDIATRIC DEPARTMENT

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The aim of the study The aim of the audit was to determine if patients referred with lymphadenopathy need to wait for a General Paediatric outpatient appointment or if instead they could be reassured with normal investigations prior to attending the clinic, with the aim of providing a guideline for community management in some cases.

Method Lymphadenopathy is a common cause of presentation at GPs and a cause of concern for parents. We analysed a number of tertiary referrals to the General Paediatric Department in OLCHC to determine what and if any investigations should be performed for these patients and how we might improve the patient experience for these cases. Between September 2017 and January 2019, General Paediatric Triage Clinic received 12 referrals of patients with lymphadenopathy from GPs. Less than 50% of referral letters included information about the size, mobility, consistency or tenderness of the concerning lymphatic nodule. None of the referral letters included blood test results or any other investigations. All referrals were asked to attend for blood tests including FBC, U+E, CRP, Urate, LDH. Depending on the results, further investigations were ordered or patients were discharged.

Results 8 (66%) patients attended phlebotomy for blood tests. 50% of blood tests performed were normal, of these 2 patients were discharged from Triage Clinic and 2 patients remained on waiting list. 4 patients had abnormal blood results, 3 had a neck ultrasound performed, all of which were normal. 2 were subsequently discharged from Triage Clinic, 1 remained on waiting list. 1 patient was seen in Paediatric OPD and was discharged based on reassuring clinical examination without any further investigations. 4 patients did not attend for blood tests, 3 were discharged from Triage Clinic after not responding to multiple notifications. 1 remains on waiting list awaiting response to second notification.

Recommendations Developing a clinical guideline for lymphadenopathy with clinical examination and investigation criteria warranting referral to General Paediatric clinic which will empower GPs to perform appropriate investigations including the ultrasound prior referring patients on, therefore reducing the waiting times in our outpatient clinic.

P187 KEEPING CHILDREN SAFE FROM MEDICATION HARM: THE MEDSIQ JOURNEY

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Background In 2015 the UK Royal College of Paediatrics and Child Health (RCPCH) launched www.medsiq.org, an innovative website for sharing resources and quality improvement projects relating to paediatric medication safety. MedsIQ was founded in response to increasing awareness that children and young people are frequently harmed by errors in their medication. Children are 3 times more likely than adults to be harmed by medication errors and it has been shown that up to 15% of inpatient prescriptions have errors on them (1).

What is MedsIQ? Medication safety is a complex issue and innovative approaches to combat the problem are needed. Part of the answer lies with the medical community; most clinical teams have tried to tackle the problem; by auditing prescribing standards or having pharmacists on ward rounds, through to more innovative drug calculator apps, e-prescribing tools and Druggles (a safety huddle focusing on medication errors). The MedsIQ platform has been developed to allow people to share their ideas. Submitted projects and resources are peer-reviewed and shared online. Alongside the website, there is a Champions' Network – a community of practice in improving paediatric medication safety, who participate in webinars and