additional areas such as reconciliation for insurance purposes, ease of access to data without having to constantly rely on paper charts and for HIPE in capturing high quality data regarding inpatient stays.

Objectives To check the compliance in terms of completion of patient discharge summaries both electronically and in printed format in the charts since the introduction of the new electronic discharge system in the UHL Pediatric Department on July 6th 2018.

Methodology Retrospective review of a random selection of charts of 50 Paediatric patients who were admitted to our Paediatric wards during the 3 month period of 06-07-2018 and 06-10-2018 to assess if both the electronic version on the Electronic discharge system has been completed and a printed version filed in the charts.

Results A total of 50 charts from the 3 months period were examined. Of these, electronic discharges were completed on 24 patients (48 percent). Out of 24 electronic discharges, the number of printed versions of the discharges was 20 (83.3 percent).

Abstract 201 Figure 1

Conclusion Suboptimal compliance in the first three months of the newly introduced electronic discharge system both electronically and in terms of a printed form filed in charts was noted. For 100 percent compliance it is recommended to complete the electronic discharge on the day when the patient being discharged as it is fresh in terms of memory.

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DIETARY MANAGEMENT OF CHYLOTHORAX IN CONGENITAL HEART DISEASE

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Background Chylothorax can be defined as the presence of chyle in the pleural cavity resulting from impeded flow in the thoracic duct. In childhood chylothorax is a potentially challenging postoperative complication of cardiothoracic surgery. It may have a detrimental effect on a patient's nutritional and immunological state. Conservative treatment includes the use of a minimal LCT diet or total parenteral nutrition.

Aim The aim of this audit was to determine the incidence of chylothorax and dietary management post congenital heart surgery in OLCHC from January 2017 – December 2018.

Method The number of cardiac surgeries was provided by the cardiac data manager for OLCHC. The number of patients diagnosed with postoperative chylothorax and dietary management data was collated from medical records, product information system and dietetic notes.

Results In 2017, 32 patients received dietary treatment out of a total of 395 patients (8%) post cardiac surgery in OLCHC. The number of Trisomy 21 cases were 11 out of the total 32, 34%.

In 2018, 24 patients received dietary treatment out of a total 382 patients (6%) post cardiac surgery in OLCHC. The number of Trisomy 21 cases were 11 out of the total 24, 46%.

21 infants were receiving breast milk pre surgery, 10(48%) returned to breast milk post-surgery of which 9 were breastfeeding.

In 2017 and 2018 respectively, only 3 and 5 patients required parenteral nutrition. The majority of patients were managed on oral or enteral nutrition.

Conclusion The results show a reduction of 2% in dietary management of chylothorax in OLCHC in 2018 compared to 2017. Incidence rates reported relate to those that received dietary management, the audit also provides an analysis on the actual incidence rates including those not treated.

The incidence of chylothorax in OLCHC is high in comparison to other countries. However, complexity of surgery's and the population group may not be comparable. Of note a high percentage of chylothorax cases had a diagnosis of T21, up to 46% in 2018. Further research to understand the mechanisms of chylothorax in T21 is warranted.

Dietary management of chylothorax appears to effect maintenance of breast milk feeding. Of concern 52% of infants did not return to breast milk post management of chylothorax.

There is ongoing consultation with surgeons and the cardiology team to review OLCHC's protocol aiming to standardise care.

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FEEDING THE MODERATE TO LATE PRETERM INFANTS IN A TERTIARY NEONATAL CENTRE. THE CWIWH EXPERIENCE. A RETROSPECTIVE REVIEW OF THE FEEDING HISTORY IN THE MODERATE-TO-LATE PRETERM INFANT, WEIGHING ≥ 1500 G

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Our neonatal unit nutrition policy supports breastfeeding and/or expressed mother's milk feeds. In this audit of practice over a six month period in 2018, we retrospectively review the type of feed received by moderate to late premature