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.

P202

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.

P203

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

infants admitted to the unit on their first feed, during their admission, and on discharge.

We report the evolution of the type of feed received by the infants during their unit stay. Correlation between gestational age, birth weight, and type of feed on the first feed, and that on of discharge was also detailed.

Unit IT patient data revealed 150 cases. 37 of whom were re-admissions, 3 were kept NPO, leaving 110 patients in total.

Comparison of the type of first feed versus the type of feed on discharge, reveals a significant drop in the amount of exclusively formula fed infants going from 69% to 47%.

50% were discharged home on formula, 8% of those formula fed on discharge were fed some mother's milk during their unit stay. 20% of infants who received formula on first feeds were receiving exclusive breastmilk on discharge. 25% infants were discharged on combined mother's milk and formula feeding.

The amount of infants receiving mother's milk exclusively remains consistent from the time of their first feed to when they are discharged from the unit (26% compared to 27%). Of the 29 infants who were given mother's milk on their first feed, 59% were fed exclusive mother's milk on discharge. A relatively small (14%) number of these were receiving all exclusive mother's milk feeds throughout their admission, and on discharge.

Infants who received breastmilk only or formula only as their first feed and were discharged on combined feed, the infants who were fed formula on their first feed make the bulk of that increase in the combined feed category on discharge.

Out of the 36 infants with a birth weight under 2000 g who received formula as their first feed, 3 infants received regular formula feeds thereafter. The other 33 infants (91.67) received preterm formula regardless of their gestational age. This compliance rate of the nutritional guideline needs further improvement.

Overall we see the benefits of the unit's nutritional guideline to promote mothers expressing milk and establish direct breastfeeding in the moderate to late preterm infants. Antenatal lactation support is important in optimizing the breastfeeding rates further in this patient group.

P204

PRECISION ENTAILS PERFECTION: DO WE NEED BLOOD FORMS?

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Introduction In Temple Street Children's University Hospital, we care for more than 150,000 Children per year, leading to numerous blood forms received by the Phlebotomy Department.

Aim

- To raise awareness among medical staff regarding the importance of accuracy in blood form request
- To evaluate the current performance compared to the standard set by the hospital

Methods This is a 6-week prospective study during which data is collected to evaluate the current performance of accuracy. PDSA cycle was adopted for all three points of data

collection. All data was anonymised, collated and analyzed on Excel.

Result During the first two weeks of the study, an audit was carried out and there was 32.76% of blood forms filled incorrectly. A verbal reminder during Monday handover and grand rounds were given to all NCHDs for the next two weeks and 31.97% of forms were filled incorrectly. For the last 2 weeks of study, an ID card size reminder was distributed to all NCHDs. All NCHDs feedback agreed that the card was useful. Unfortunately there were still no improvements found.

Conclusion This study showed no improvement despite verbal and visual reminders. This often increase errors and more workload for phlebotomist and laboratory staff. In the future, computerized blood order through an electronic platform that codes to a bar-coded blood stickers might be an option to increase work productivity and eliminate errors.

P205

SAVE TIME SAVE LIVES : VENEPUNCTURE AND IVC CHECKLIST

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Introduction In Temple Street Children's University Hospital, we care for more than 150,000 Children per year, leading to numerous venepuncture and intravenous cannula insertion carried out by NCHDs in hospitals.

Aim

- To improve the work productivity by reducing errors and preparation time
- To evaluate how does a checklist affect current practice

Methods This is a 2-week pilot study where all NCHDs are given an ID card size of venepuncture and intravenous cannula checklist. These cards are non tearable paper material and can be added on lanyards. At the end of the two weeks, NCHDs gave their feedback with the checklist. All data was anonymised, collated and analyzed.

Result Despite a small number of feedback of 10. All NCHDs feedback agreed that the card was useful. It was found that it makes the process less time consuming, eliminating errors and encourages safe practice. Further suggestions from the NCHDs include, having it available on a treatment tray, treatment room and having a PDF version available on a mobile phone.

Conclusion This study showed an initial positive feedback from all NCHDs. It shows simple measures help to eliminate errors and increase work productivity. Our next steps will hope to bring this forward to other hospitals.

P206

AUDIT OF COMPLIANCE TO GUIDELINES OF DOWN SYNDROME(DS) MANAGEMENT IN NICU OF UNIVERSITY MATERNITY HOSPITAL LIMERICK(UMHL)

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Background Children with Down syndrome have multiple malformations because of the presence of extra genetic material