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, 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 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 venepuncture and intravenous cannula insertion carried out by NCHDs in hospitals.

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.

P206 AUDIT OF COMPLIANCE TO GUIDELINES OF DOWN SYNDROME(PS) 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