from chromosome 21(1). The guidelines is designed to help the pediatrician to care for children with Down syndrome and their families(1).

Objective To assess compliance to guidelines for management of Down Syndrome babies admitted in NICU of UMHL in 2017.

Methodology Retrospective study on DS babies admitted to NICU of UMHL in 2017 by collecting data from hospital inpatient enquiry system(HIPE) of UMHL. Different variables were studied including admission examination, cardiac assessment, DS centile chart, karyotype request, Guthrie card, full blood count(FBC), cardio referral, typed discharge letter, ophthalmology assessment, hearing assessment, medical social worker(MSW) referral, physiotherapy referral, early intervention team(EIT) referral, information leaflet to parents, DS registry consent and follow up.

Standard Medical management guidelines for DS developed by The National Children's Hospital, Tallaght, Dublin and updated on 30th Sep 2009.

Results Total 10 babies listed with DS admitted in NICU in 2017. 40%(n=4) were excluded because of normal karyotype and referral to other hospital. Study was conducted on remaining 60%(n=6) babies which showed 100% compliance to guidelines for cardiac assessment, karyotype request, FBC, cardio referral, EIT referral, information leaflets to parents and follow up. 17%(n=1) failed to comply with guidelines for admission examination, DS centile chart, Guthrie card, typed discharge letter, ophthalmology assessment, hearing assessment, and physiotherapy referral. MSW referral was not sent in 67%(n=4) and failed to get DS registry consent in 100%(n=6) babies.

Conclusion Medical social worker referral and consent for DS registry were the most deficient aspects of its management. Further, compliance is also required in admission examination, DS centile chart, Guthrie card, typed discharge letter, ophthalmology assessment, hearing assessment, and physiotherapy referral.

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A CASE FOR A CHECKLIST!

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Introduction Referrals to hospital specialty clinics and communication between clinicians can be varied in quality, with many clinicians omitting relevant clinical details from their communications. Pro-formas and check lists are one way this practice can be improved. Current evidence suggests these tools can be beneficial. The aim of this study was to investigate whether a pro-forma would standardise communication between clinicians and primary care practitioners (PCPs) with an overarching aim of minimising the amount of relevant information omitted.

Methods A retrospective audit of 17 letters dictated from the paediatric consultant back to PCPs were analysed to see which relevant clinical details were omitted from the communications.

Results A total of 143 symptoms that may have been relevant to the history were omitted from the communication. The

most common relevant symptoms omitted from the communications were: Urinary symptoms (16), headache (13), irritability (13) and weight loss (12).

Discussion Numerous symptoms that may have been clinically relevant are missed from communications between clinicians. Even if the symptoms aren't present, it is important to include relevant negatives. A pro-forma may eradicate these omissions and lead to a more complete clinical summary. Perhaps designing a pro-forma may help to show improvement in the quality of communication and referrals to a specialty paediatric clinic. Improvement in communication between clinicians may help to provide the best possible outcomes for patients. We have suggested a model for further use in the department.

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CLINICAL AUDIT: ARE DOCTORS TREATING ASTHMA APPROPRIATELY?

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Background Asthma is still causing significant morbidity and mortality worldwide, only minimal improvement has been seen in the key outcomes over the last decade despite increasing treatment costs. Ireland has one of the highest rates of asthma in the world. Current estimates suggest that the prevalence of doctor-diagnosed asthma in children in Ireland is 21.5%. Physician's role in asthma management and care is imperative, proper control of the disease depends on the doctor's ability and experience in recognizing symptoms and defining the severity level as recommended by international guidelines.

Objectives

- To look at the demographic characteristics of children admitted due to asthma in St Luke's General hospital.
- To assess whether acute asthma management of children in St Luke's General hospital was in line with the hospital guidelines.
- To evaluate whether the patients' asthma had been appropriately classified according to the guidelines.
- To assess whether the patients were appropriately treated according to their classification.
- To suggest areas that require improvement in the management of acute asthma in St Luke's hospital.

Guidelines The management of acute asthma in St Luke's General hospital is guided by the BTS/SIGN guidelines.

Methods This was a retrospective review.

Children admitted due to acute asthma to St Luke's Hospital were identified from the HIPE department.

Over the time period Jan 2018 to Dec 2018 (n=44).

Charts were retrieved and reviewed

Results and Discussion Pending

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