Results Median days of hospitalization were 3.38 in those HBoV positive compared to 2.5 in those HBoV negative. Median hours of $O_2$ requirement in HBoV positive was 14.23, compared to HBoV negative that was 5.9. All HBoV positive patients had an X-ray done, compared with only 58.3% in those HBoV negative. The use of antibiotics has been higher in those HBoV positive 76.92% compared to those HBoV negative 58.3%. While in 38.46% of those HBoV positive had no other viruses detected, all the HBoV negative patients had a combination of other viruses detected.

Conclusions Patients that tested HBoV positive needed more resources, compared to those HBoV negative in all four area assessed. As HBoV is not completely understood and it is understudied we would need more data to be able to make recommendations regarding testing and treatment for calculating the potential cost for the health system.

Methods A literature search was conducted through PubMed, MEDLINE, EMBASE, and Cochrane Library. The MeSH headings used were adolescent, youth, cannabis, delta-9-tetra-hydrocannabinol, marijuana, legalization, cognition, and academics.

Conclusion The jury’s is still out on the outcomes of recreational cannabis legalization among adolescents, however there are already some indications on the potential social and physical harms it may cause. By understanding possible ramifications especially among the youth population, governments, health-care providers, and educational institutions will be able to better equip themselves to these new challenges.

P213 ABSTRACT WITHDRAWN

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P215 ‘HAVE YOU PUT THE FEAR OF GOD INTO ANYONE TODAY?’ – AN AUDIT MEASURING SHORT TERM COMPLIANCE WITH ALLERGY CLINIC ADVICE TO INTRODUCE ‘SAFE’ FOODS

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Aims

- To assess short term compliance with advice to introduce SKIN TEST NEGATIVE foods after clinic.
- To assess barriers to commencing advised consumption.

Methods Allergy-related dietary restrictions are often too broad, and are not based on clinical evidence of allergy or sensitisation. Allergy clinic parents are advised to introduce foods after full allergy focused history, usually negative SPT and occasionally IgE testing. Parents are given a written list of foods to be introduced and are advised that they will be contacted in exactly one week to inquire about (non-) completion of the introductions.

Results 75 parents were contacted 1 week after their clinic visit. 10 parents (13%) failed to commence food as instructed with reasons such as ‘child refusal’, ‘forgot’ and child vomiting immediately post ingestion. 65 (87%) commenced foods as planned, most were asked to try tree nuts with only 6 parents (13%) asked to start the egg or milk ladder. 55 of these parents were asked to introduce more than one food (up to 6 foods), 10 of the 55 parents failed to introduce more than one food (18%) and 45 completed all advised introductions (82%). Reasons given for incomplete multiple introductions were ‘not enough time since clinic’ and fear of introducing more than one food would cause a reaction. 47 parents (72%) gave the advised foods more than once/regularly in the week, (18) 27% parents gave the advised foods just once so far, but 13 of these 18 were willing to offer the foods again.

Conclusion 87% of parent introduced advised food(s) within 1 week, but only 72% were offering the foods regularly. Reasons for non-compliance were usually not allergy-related and can be worked around, including giving a wider time window for multiple introductions. Introduction of unduly avoided foods is a key part of modern allergy care.