- To understand parental concerns and obtain their opinion on visits to the Emergency Department- including the most stressful parts and suggestions for change.
- To affect change within the Emergency Department in order to improve patient and parent experience.

Methods Following ethical approval from the local Clinical Research Ethics Committee, parent questionnaires were distributed. Staff questionnaires will be distributed prior to educational sessions. These will be roughly 1 hour in length and included; Definition of Autism, understanding autism and children with complex needs, a parent discussing their experience and an open question session. Separate study sessions will be held for Paediatric and ED colleagues (doctors and nurses) to maximise attendance.

Parental questionnaires were posted to patients of children with moderate to severe autism; intellectual disability or complex needs. These patients were selected from the Community Neurodevelopmental Consultants patient cohort.

Results In total 315 parental questionnaires were distributed. At the time of writing this there have been 40 responses. The results thus far are demonstrating recurring areas which cause the most stress. These areas are: waiting times, small cramped waiting rooms and getting blood tests performed.

Staff will be surveyed and education sessions are planned for the next month.

Conclusion The Emergency Department is a stressful environment for everyone but this is particularly true for those with complex needs and autism. Simple measures can be instituted to improve patient and parental experience. We will truly endeavour to implement simple changes, such as educating staff further and a patient alert sticker, to improve the experience of these patients.

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Snakebites in Al- Baha District, Saudi Arabia (Epidemiology, Clinical Presentations, Management and Prevention)

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Introduction and Aim of the Work

Exposure to a variety of venomous animals, including snakes and scorpions, represents an environmental health risk in Saudi Arabia during the last few years. High incidence rates have been reported in Al-Baha region.

The objective of this paper is to study the epidemiology, clinical presentations, management of snakebites among children in Al- Baha region, Saudi Arabia and to establish a prevention plan.

Patients and Methods Surveillance of all cases (up to 15 years old from both sexes) presented with snakebites during the period from May 2017 to May 2018. Data obtained for each case, included personal details, clinical presentations, details of the bite itself, laboratory findings and treatment lines used for every case. Envenomation was graded as 0, 1, 2 or 3 according to local, systematic and laboratory presentations.

Results Study population consisted of 83 cases with male to female ratio 2.2:1, Saudi to non Saudi ratio 2.4:1, a peak age

group was 10-< 15 years and more in rural areas (81.9%). The results showed that the peak incidence occurred outdoor (79.5%), more in lower limbs (83.1%), during summer (57.8%), at night (73.5%) and mainly due to bare feet (91.6%) and darkness (73.5%). Type or the snake could not be identified in 71.1% of cases, and *Echis coloratus* was commonest identified type (10.8%). Envenomation was graded as nil (0) in 15.7% of the cases (1) in 39.7% of the cases, moderate (2) in 33.7% of the cases and severe (3) in only 10.8% of the cases. No mortalities were reported.

Most cases (48.2%) presented > 4 hours after the bite, all were hospitalized. First aid treatment including wound cleansing was done in 95.2%, antitetanic serum was injected in all cases and dopamine was infused to 7.2% of the cases. Main specific treatment was the polyvalent snake antivenom which was infused as early as possible to cases graded as 2 and 3 (44.5%). Antibiotics were used in 86.7% of the cases. Fresh frozen plasma and/or platelets transfusion was given to in 20.5% of cases.

Conclusion Health education in PHCs and of school children was shown to be useful in the prevention of snakebite. It should include the importance of preventive measures such as wearing protective clothing while in the snake environment and not reaching blindly into areas where snakes may hide especially during summer months.

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How can we improve paediatric simulation training in a mixed ED?

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Introduction The high-risk, low-volume nature of paediatric emergencies can result in a lack of physician comfort and confidence in dealing with sick children.¹ Simulation training can help improve caregiver confidence and team communication and performance in paediatric emergencies.¹

Aims Weekly, multi-disciplinary simulation sessions are held in the ED in UCHG. We sought to identify the baseline experience and confidence levels of those attending and to identify areas whereby the sessions could be improved. We then re-surveyed participants after 15 simulation sessions to identify how useful they found the sessions and to identify means of further improvement.

Methods Surveys were distributed to staff attending the weekly simulation sessions before and after 15 simulation sessions.

Results 17 baseline and follow up surveys were returned.

The initial comfort level of respondents participating in simulations were: very uncomfortable (4), slightly uncomfortable (4), neither comfortable nor uncomfortable (6), comfortable (3), very comfortable (0). 10/17 respondents felt they learned more by participating in simulations and 7/17 felt that they learn more by observing. 15/17 found the scenarios 'helpful' or 'very helpful'. Suggestions to improve the sessions included: more consultant involvement (5), a registrar leading the scenario (4), longer, more complicated scenarios (6), involvement of more participants (8) and receiving the topic and study materials earlier in the week (7). We sought to implement these recommendations and then performed the follow up survey.