P336 HYPOALBUMINEMIA AND OEDEMA IN A 4 MONTH-OLD BOY
1Deirdre O’Sullivan*, 1Rincy Kothy, Declan Cody 1,2, 1Billy Bourke. 1Our Lady’s Children Hospital, Crumlin, Dublin, Ireland; 2University College Dublin, Dublin, Ireland

Aim of the audit 1.To identify if rehydration treatment given was appropriate for the degree of dehydration?
2.To look how many children with gastroenteritis received saline boluses in emergency department or in ward when it was not indicated clinically.
3.To find out if we are using modes of rehydration other an intravenous in children with mild to moderate dehydration.
4.Whether ORS solution was used by parents before coming to hospital?

Methodology All children <16 years who presented to emergency department or were admitted in Gabriel ward with symptoms of diarrhoea or vomiting were included in the audit. The audit period was from 06/02/2018 to 31/03/2018.

Results 1.Total 24 patients were collected from ED 20(83%) and Gabriels ward4(17%).
2. Out of them 11 (45.8%)were female and 13(54.2%)were male patients
3. Age ranges from 5 weeks to 11 years.13(54%)patients were below 2 years of age.
4. All 24(100%) patients had vomiting and 17(70.3%) patients had diarrhoea and vomiting at presentation.8(33.3%) patients had temperature also.
5. 4(16.6%) patients had been given ORS before coming to hospital.
6. 18(75%) patients had no dehydration and 6(25%) with clinical dehydration.No patients presented in shock.
7. Regarding mode of rehydration 20(83.3%) patients were given trial of oral rehydration and 4 (16.7%) were given IV rehydration after failed oral challenge
8. IV bolus of Normal saline were given to 2(8.3%) patients.
9. Ondenstron was given to 18(75%) patients. 4(16.7%) patients failed oral challenge.
10. Nasogastric rehydration was not given to any of the patients.

Conclusions The use of ORS before coming to hospital was negligible. If used appropriately at home can reduce the hospital attendances. The NG mode of rehydration was not tried in any of our patients. By adapting NG mode of Rehydration we can avoid IV rehydration. The saline boluses were not indicated in patients who received them as they were not in severe dehydration or shock.

Recommendations and action plan 1. Education of GPS and parents about the importance of use of ORS once started with the symptoms of GE to avoid hospital admissions.
2. Awareness among NCHDs and paediatric nurses to use alternate routes of rehydration other than IV.
3. Patients presenting to ED department with no signs of dehydration should be encouraged for use of ORS at home.
4. Current practice of giving saline bolus in patents who are not shocked should be discouraged.

P337 CURRENT PRACTICES FOR THE TREATMENT OF GASTROENTERITIS IN CHILDREN IN WEXFORD GENERAL HOSPITAL
1Mohammad Zia*, 1Mohammad Taha, 1Maybelle wallis. 1Wexford general Hospital, wexford, Ireland; 2University Maternity Hospital Limerick, limerick, Ireland

Background Gastroenteritis(GE) is common in children.

Aim of the audit 1.To identify if rehydration treatment given was appropriate for the degree of dehydration?
2.To look how many children with gastroenteritis received saline boluses in emergency department or in ward when it was not indicated clinically.
3.To find out if we are using modes of rehydration other an intravenous in children with mild to moderate dehydration.
4.Whether ORS solution was used by parents before coming to hospital?