Colleagues in Oncology have suggested several protocols to disclose and discuss the details of the clinical condition of their patients. Some of these protocols appear to be suitable to be adopted for use in counselling parents.

This paper will advocate the adoption of the SPIKES protocol (with permission) that was originally described to disclose unfavourable clinical information to patients with cancer.

The six steps of Modified SPIKES:

S—Setting up the interview

P—Assessing the parents' Perception

I—Obtaining the parents' Invitation

K—Giving Knowledge and information

E—Addressing the parents' Emotions with empathic responses

S—Strategy and Summary

Clips demonstrating the above steps of counselling will be shown. The video was recorded with real parents of a premature baby.

Conclusion A structured standard approach will help the healthcare professional to perform such a stressful task efficiently in a reproducible model. This may serve as a training tool too. To my knowledge, the counselling video of this presentation is the first of its kind in utilising a structured approach with the participation of real parents.

G454(P) NEONATAL AMOEBIASIS MAY NOT BE AS RARE AS WE THOUGHT

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Introduction Amoebiasis is a parasitic infection caused by a protozoan called *Entamoeba Histolytica* (EH). It is responsible for up to 100,000 deaths every year worldwide. Only a handful of cases of neonatal and infantile amoebiasis has been reported.

Aims

- To highlight the incidence of this infection in the neonatal age group.
- To demonstrate the use of rapid antigen detection as a tool for diagnosis in areas with limited resources.

Methods A total of six babies presented to the Neonatal Intensive Care Unit (NICU) over a period of 24 months. All of them but one shared a universal symptom of passing stool mixed with fresh blood.

The first baby was born at 25 weeks of gestation. At the age of 2 weeks, he developed bloody stool associated with abdominal distension. He could not maintain adequate spontaneous breathing effort. Therefore, he had to be ventilated.

Other two babies were preterm babies born at 26 and 25 weeks. However, they developed the infection at a corrected gestation of 38 and 44 weeks respectively. They remained well with no other associated symptoms.

The other two babies were term well babies. They were reported to pass fresh blood mixed with their stool shortly after birth while on the postnatal ward. Interestingly, with one of these two babies, there was a history of confirmed neonatal amoebiasis with his older sibling. The sibling was born two years ago in a different country.

The last baby was born at 23 weeks and 6 days of gestation. He developed small bowel perforation as a complication of Necrotising Enterocolitis. His infection has manifested by

sudden increase in his ileostomy output associated with raised C-reactive protein.

The diagnosis of amoebiasis was confirmed by the detection of EH antigens in stool (chromatographic immunoassay) in all babies.

Conclusion Neonatal amoebiasis appears to be commoner than previously reported. In areas with high prevalence, It should be suspected in babies presenting with passing fresh blood in their stool.

The diagnosis may be reliably made using rapid EH antigen detecting test.

G455(P) ABSTRACT WITHDRAWN

G456(P) ABSTRACT WITHDRAWN

G457(P) ADMISSION PROCESSES IN HPA-AN GENERAL HOSPITAL, MYANMAR

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Background Myanmar faces challenges of rising patient numbers, with state and district hospitals particularly feeling the strain. In Kayin state 78% of the population live in rural areas. Affected by recent conflict and economic migration of the working-age population, children under 15 make up 36% of the population. The hospital presented here is a 200-bedded state hospital, serving a population close to 800,000. There is little data describing patterns in acute paediatric admissions to state hospitals in Myanmar.

Aim To describe the processes of paediatric admission to state hospital and the characteristics of admitted children by age, referral source and rates of admissions.

Methods Logbook records from the emergency department (OPD) and Child Ward (CW) were reviewed for the period March 2018–February 2019. OPD attendances were analysed by age and outcome. Records were reviewed to establish the proportion of admitted patients referred from other hospitals.

Results Potential outcomes from OPD assessment were discharge, daily OPD review, clinic referral or admission. Children <12 y with medical problems are admitted to CW; children >12 y and those <12 y with surgical problems are admitted to adult wards, under adult teams.

Children accounted for 27% of OPD attendances. On average, 1475 children attended OPD each month. 40.3% of children attending OPD were admitted to CW on average, rising significantly to 48.8% ($p \leq 0.001$) in the rainy season (June to September). Admissions were highest in children <2 years. Referrals from other hospitals represented 4.7% of admissions and this figure rose throughout the year.

Conclusions High admissions rates from OPD reflect the challenges of serving a geographically large and rural population. In the rainy season, dengue fever flourishes and fear of missing this diagnosis in febrile children may influence clinician behaviour during this period. Admission rates were highest in July with a second peak in September. OPD attendances peaked later (October). We suggest that road flooding in August and September restricts travel, limiting total attendances. With the state hospital's increasing role as a receiving centre from smaller hospitals, further study is needed to characterise the burden of disease in children presenting to hospital and guide service development in Myanmar.

G458(P) CODING OF ADMISSION DIAGNOSIS IN A DISTRICT GENERAL HOSPITAL IN MYANMAR

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Background With increasing numbers of children presenting to state and district general hospitals, including those transferred from smaller township and station hospitals, there is increasing need to understand the burden of disease presenting to hospital. The WHO recommends all countries use ICD-10 coding for reporting health data. There is little research to date describing the terms used to record admission diagnoses in paediatrics in Myanmar.

Aim To review the library of terms currently used to record admission diagnosis in a typical paediatric ward and map these against the ICD-10; to assess feasibility of applying this standardised system of coding across paediatrics in Myanmar.

Methods Logbook records from the Child Ward (CW) were reviewed for the period May 2018 – April 2019. All primary admission diagnoses were recorded and grouped by body system. Without editing or inferring meanings of the terms, these were individually tested for matching against ICD-10 codes.

Results Over a 12 month period, 343 different admission diagnoses were recorded. It was possible to match 90.9% diagnoses to ICD-10 codes. However, many could only be matched to 'not specified' codes and 18.5% could only be matched to terms in Chapter XVIII (symptoms and signs not elsewhere classified). Some chapters had no matches across the 1 year review period.

Conclusions We have shown that it is possible to use ICD-10 but the application of such a complex system has multiple challenges in a resource-limited setting. The heavy use of 'not specified' codes reflects a lack of diagnostic precision, which is multifactorial, influenced by factors including limited availability of investigations, variable access to specialist advice and lack of training in coding. A coding system for this setting would need to factor in the inherent diagnostic uncertainty and be user-friendly enough to require little clinician training, whilst yielding clinically and academically robust data.

We propose that a standardised approach to diagnosis recording, with modifications to overcome the challenges of directly applying ICD-10 in a low-resource setting, would be useful here and in other global healthcare facilities to guide

resource allocation and to monitor changes in patterns of illness according to interventions.

G459(P) VACS: VACCINATION AWARENESS IN CHILDREN STUDY – A STUDY TO LOOK INTO PERCEPTIONS AND ASSUMPTIONS AMONG PARENTS AND CLINICIANS

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Introduction The Childhood Vaccination Coverage Statistics of England, 2018–19, shows a drop in vaccination rate of primary vaccination ranging from 0.2 to 1.0 percentage points. Of note the average uptake of annual flu vaccination across UK has been 50% amongst children. Despite having a robust vaccination programme there is declining trend in vaccination uptake in United Kingdom for the past few years. We were keen to explore the uptake rate of childhood vaccination in our population; to evaluate this further we explored knowledge and perceptions amongst parents and clinicians of the 'up-to-date' vaccination status in our cohort.

Methods The study was conducted in a busy tertiary paediatric hospital. We included children more than 3 months of age admitted to the paediatric wards over one month period.

Study was conducted in two phases:

First phase: Consisted of face to face questionnaire (Interview) conducted with parents. We then retrospectively looked at the vaccination status in the clerking notes. As the final step we then checked the accuracy of this information with the red book.

Second phase: Knowledge assessment for junior doctors in our paediatric department performed by survey. The doctors involved in this study were excluded from this assessment.

Results Data from 50 children was analysed which showed 100% uptake of routine childhood vaccinations. Flu vaccination uptake was 50%. Vaccination status was documented in 50% of the initial clerking notes. Red book was not available to cross check the accuracy in most children. There were significant gaps in knowledge among junior doctors from their assessment.

Conclusion Junior doctors can act as important messengers in promoting vaccination awareness. Our study highlights that the perception of being fully vaccinated by parents and clinicians may not always be accurate. Parents do not always carry red books and there is a need for alternate means of information sharing amongst health professions.

Address gaps in knowledge among junior doctors will empower them to play an important role in health promotion of vaccine preventable disease.

G460(P) TEACHING PAEDIATRIC RESUSCITATION IN A RESOURCE LIMITED SETTING IN WEST AFRICA

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