over 8 years old, and/or carers. Completion of forms was voluntary and anonymised. In 2019 all respondents were offered the opportunity to take part in semi-structured interviews to explore their experiences in detail. Interviewees completed a questionnaire prior to the interview where they ranked the elements they most valued with regards to urgent care visits. This was used to scaffold the interview. Data was collected by 2 researchers, who transcribed verbatim, and by participants' written reports.

In 2019 data was collected over a three-week period. All data collection and analyses were carried out by individuals independent from the clinical team. Qualitative data was thematically analysed by four researchers. This was the second part of an audit cycle.

Results In 2019 51 (18 involving patients) responses to the PREM questionnaire were collected and 12 interviews (4 involving patients) took place (20–30 minutes long).

The majority described ED experience positively. From the PREM questionnaire key strengths included addressing pain in a timely manner and safety netting. Areas that need improvement include updates when waiting and advice on when to resume normal activities.

From the interviews, communication and safety were identified as priorities. The provision of detailed information in a timely manner was highly valued, alongside feeling listened to by staff. Safety had three dimensions: physical, clinical and psychological/emotional. Waiting times and environmental factors also were valued but were less than other factors above.

Conclusions Communication is highly valued, but improvements are required to provide contemporaneous information. This is congruent with existing literature highlighting parent disempowerment in acute care settings and underlining the importance of timely updates. Good communication improved carers’ feelings of psychological and emotional safety.

### G144(P) SERVICE EVALUATION OF EMERGENCY ORAL AND MAXILLOFACIAL SURGICAL CARE OF PAEDIATRIC PATIENTS REQUIRING GENERAL ANAESTHESIA

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10.1136/archdischild-2020-rcpch.115

**Background** Children who require emergency surgery should receive effective and high-quality management in their local hospital.

**Aims** The primary aim of this service evaluation was to determine the standard of our emergency surgical care of paediatric patients requiring GA.

**Objectives** To determine the standard of our emergency surgical care of paediatric patients requiring GA; To assess the number of paediatric OMFS emergency admissions that required surgery under GA; To assess if the treatment received under GA was appropriate and to review if the time period between when the patient presented to CED (T0) and when the patient was taken to theatre (T1).

**Method** Case records of 43 patients under 18 years of age who required non-elective OMFS surgery between Jan 2014 to Dec 2017 were analysed.

**Results** 44% of the emergency admissions were as a result of acute dental infections. Dental trauma and facial bones fractures were seen more in males than females. The average age for emergency incision and drainage of dental abscess under GA was 7 years.

**Discussion** 100% of surgical interventions performed on patients admitted to secondary care were appropriate. As acute dental infections resulted in 44% of hospital admissions, this highlights that caries in children is a significant public health problem and poses a significant burden on the limited NHS resources.

**Recommendations** Discuss at departmental clinical governance meeting any reasons cited as delay to surgery and implement any changes to protocol. Develop a written local protocol regarding admission of emergency OMFS paediatric patients to inform new staff of the process to improve efficiency and thereby enhance service provision.

### G145(P) REVIEW OF THE MANAGEMENT OF CHILDREN WITH MASTOIDITIS: A SINGLE CENTRE EXPERIENCE

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10.1136/archdischild-2020-rcpch.116

**Aims** Mastoiditis has an incidence of ~8.2/100,000 hospital admissions, though rare it can cause intracranial complications. The Trust’s antibiotic policy recommends co-amoxiclav as first line treatment and ceftriaxone plus metronidazole if there are concerns about concurrent intracranial infection.

We aimed to review the diagnostic features, management and outcome of children with acute mastoiditis.

**Methods** Children receiving antibiotics were identified from the Trust’s antimicrobial database. We retrospectively analysed the notes of children admitted between 01/01/17 and 10/05/19 with an initial diagnosis of mastoiditis. We identified 25 patients in whom a diagnosis of acute mastoiditis was made on hospital presentation. We reviewed their notes to identify presenting symptoms, investigations undertaken and medical and surgical management.

**Results** 25 patients were initially suspected of mastoiditis, diagnosis was confirmed in 16 (64%). Alternative diagnoses included otitis media (n=4, 16%), otitis externa (n=3, 12%), cholesteatoma (n=1, 4%) and pre-auricular lymphadenopathy (n=1, 4%). Patients with a confirmed diagnosis of mastoiditis had a mean (range) age of 4.5 (0.1–12) years and mean (SD) duration of hospitalisation of 3.6 (2.0) days. Post-auricular swelling was seen in 69% (n=11), displacement of pinna in 56% and mastoid erythema in 56% (n=9). 31% (n=5) were treated with antibiotics by their GP prior to admission. Mean CRP on admission was 113.9 (SD 103.4) mg/L and mean white cell count 15.5 × 10⁹/L (SD 4.4 × 10⁹/L). 37% (n=6) had a head CT scan. No patient had confirmed intracranial infection. 69% (n=11) received IV co-amoxiclav as first line management, the remaining 31% (n=5) ceftriaxone and metronidazole. Mean (SD) duration of inpatient antibiotics was 3.6 (2.1) days and outpatient antibiotics 12.7 (9.9) days. 31% (n=5) had surgical intervention; only one (6%) child had positive microbiology (Streptococcus pneumoniae from pus). 81% (n=13) had an ENT follow up appointment.
Conclusion All patients received a first line antibiotic in line with Trust guidance, although no patients had confirmed intracranial infection. Pus samples did not alter antibiotic choices in this small cohort. This suggests, in our population, most patients can be safely managed with co-amoxiclav as first line therapy.

**G146(P)** EFFORTS TO INCREASE EARLY DETECTION OF OBES AND OVERWEIGHT CHILDREN IN GENERAL PEDIATRIC CLINICS

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10.1136/archdischild-2020-rcpch.117

**Aim** Lack of attention to the pediatric Body Mass Index (BMI) by the physician during outpatient visits decreases the early detection of obese and overweight children visiting the clinic for reasons other than increased weight and subsequently delays starting active management. The aim of this project was to promote early detection and management of patients with a BMI above or equal to 85th percentile for age and gender (High BMI).

**Methods** Several Plan Do Study Act cycles were implemented:

- Education all physician and the nursing staff regarding measurement of BMI in children
- To choose the ‘office visit’ template on Cerner (electronic medical record) so that the BMI is automatically built into the physician note
- Nursing Staff identified Patients with High BMI during vital signs check and placed a reminder next to the patient’s room number to alert the treating physician about patient’s high BMI status
- High BMI Patients were provided with an educational pamphlet on diet management and referred to dietician

**Results**

**Conclusion** The recognition of BMI is the first step to early detection of pediatric obesity. Through simple sustained efforts we were able to improve the management of High BMI children by improving counseling and dietician referral to above 75% in the last quarter of 2018. We intend to follow the patients detected to be overweight and obese in these clinics to see if simple measures like family counselling and dietician referral have resulted in BMI reduction over time.

**G147(P)** SUSTAINED ENHANCEMENT OF TEAM LEARNING TWO YEARS AFTER IMPLEMENTING A SIMPLE INITIATIVE

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10.1136/archdischild-2020-rcpch.118

**Background** We identified significant challenges to longitudinal team learning in the Acute Receiving Unit of our quaternary paediatric hospital. These included shift work, trainee rotation and a high service demand. We hypothesised that a regular ‘Learning Points’ email would be a simple and cost-free way to address this. Since establishing this departmental project in 2017 we have sought to improve and expand throughout the hospital.

**Aims** Our key aims were to:

- Inspire and enhance team work and learning – both within and between departments
- Promote evidence-based practice
- Promote a culture of quality improvement and patient safety, highlighting local and national initiatives.

**Methods** Regular emails were compiled by a small group of paediatric trainees. Content included interesting cases, clinical teaching, quality improvement and patient safety information. An initial electronic survey in January 2018 yielded positive feedback and identified areas to improve. Subsequently circulation was widened to include staff from other departments (consultants, senior nursing staff, paediatric ST1-8, GP and FY trainees). Contributions were invited from recipients. The email template was updated and changed to PDF form to enable e-portfolio use. A follow-up electronic survey was disseminated in July 2019 to re-evaluate our intervention. This included space for free-text comments. Questions included:

- Do you find the learning points email a useful learning resource? If so, can you explain what the key benefits of it are?

**Abstract 146(P) Table 1** Percentage of patients with documented BMI in physician’s notes

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<td>2017</td>
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**Abstract 146(P) Table 1** Percentage of patients with High BMI who received counseling and dietician referral

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