Aims Explore whether clinicians working in EDs address paediatric obesity, identify obstacles, and seek opinions on whether this can be improved.

Methods A survey was distributed to clinical staff seeing children in EDs through the PERUKI network. Data were analysed to identify current attitudes towards addressing obesity, obstacles, and ideas for improvement.

Results 693 responses were received from 57 sites. Current rates of addressing obesity are low. 127 (18.3%) respondents address it with nearly every/every patient. Paediatric/Paediatric Emergency Medicine (PEM) doctors are more likely than Non-paediatric/PEM doctors or Advanced Care/Emergency Nurse Practitioners. (AC/ENP) (25.6% v 12.3%, $\chi^2=20.26$, $p<0.0001$). Barriers included: lack of referral options (78.6%), time (77.8%), concern regarding negative responses (77.3%), obesity being a familial issue (61%) and lack of training (53.1%). 'Concern regarding negative responses' was the most commonly cited barrier for those from Non-Paediatric/PEM doctors (83.2%) and AC/ENP's (84.1%). 'Lack of training' was higher amongst Non-Paediatric/PEM doctors (63.9%) and AC/ENP's (71%). 'Concern regarding negative responses' was also highest in those working 0–5 yrs in ED (81.6%), whereas 'Lack of time' was the biggest barrier in those working over 10 years in ED. To improve addressing obesity within EDs clinicians requested support with diagnosis, easier referral pathways, training, and changes in ethos both within departments and at local and national levels.

Conclusions Like other healthcare professionals, ED clinicians currently face many barriers in addressing obesity with their patients. However, by addressing these at a local and national level, the majority of ED clinicians feel they can have a role in helping to address the paediatric obesity crisis.

G211 DESIGNING A CRITICAL CARE OUTREACH SERVICE – AN AUDIT AND NATIONAL SURVEY

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Critical Care outreach services for adults have been shown to reduce mortality. It has also been demonstrated consistently that review of step-down patients on the ward reduces readmission to ICU and is therefore cost effective. There is, however, no published evidence on the benefit or lack thereof of critical care outreach services for children.

The Bedside PEWS score has been found to predict critical deterioration with a median score of 8 in deteriorating patients on paediatric wards.

A review of recent serious incident investigations within our NHS Trust identified a common theme of 'failure to escalate care in the deteriorating patient.'

Aims With a view to designing a critical care outreach programme, we completed a national survey of all British paediatric intensive care units to discover what percentage of units have a funded service, and whether this is staffed by nurses or doctors. We then carried out a review of the last 1 year of 'internal collapse' admissions from the paediatric wards to PICU within 1 NHS Trust to assess the time of day that critical care admissions most commonly occurred, and to confirm

that a BPEWS of 8 would predict deterioration in our population.

Method A telephone survey of all PICUs listed in the PICA-NET database. A case note review of the previous 1 year of admissions to PICU from wards within the same hospital. Recorded was time of admission, BPEWS score at admission, and maximum BPEWS in the 12 hours prior to admission.

Results Of the 27 PICUs listed in the database, 9 have funding for a critical care outreach service. In all apart from 1 this was a nurse led service.

The mean and median PEWS scores for the internal collapse patients were 8 at the time of admission, and a mean maximum of 9 during the previous 12 hours.

39% of admissions to PICU from paediatric wards occurred between 0800–1700 hrs, 45% between 1400–2200 hrs and 26% between 2200–0800 hrs.

Conclusion A third of PICUs had a dedicated critical care outreach service. A day-time only service would miss 25% of admissions. A BPEWS of less than 8 should be used as a trigger for review.

G212 FEASIBILITY AND ACCEPTABILITY PILOT OF A PUBLIC HEALTH INTERVENTION DELIVERED IN THE PAEDIATRIC EMERGENCY DEPARTMENT

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Aim Paediatric Emergency Departments (PEDs) are well-placed to deliver public health interventions. Whilst numerous studies describe the effectiveness of a range of ED-based interventions for adults, less has been done to assess interventions for Children and Young People (CYP).

Every year in England, millions of CYP attend hospital, often with relatively minor illnesses/injuries, which sometimes result in long waits – time that could be used to improve wider health and wellbeing.

This pilot study assessed the feasibility and acceptability of delivering a public health intervention in the PED of a busy district general hospital.

Methods Full prospective ethical approval was obtained. Participants were CYP and their carers attending a PED in England. An opportunistic sampling strategy was used, with a focus on recruiting those who had a wait whilst in the department.

The intervention was a consultation delivered by a public health specialist, based around the 'Screening, Brief Intervention, and Referral for Treatment' (SBIRT) model and focussed on: household smoking, vaccination status, dental health, and frequent attendance.

Quantitative outcome data (e.g. registering with dentist) were collected by phone at one week and then one, three, and six months post-enrolment (where indicated). Qualitative data came from engaging with participants and completion of a field diary by the public health specialist (primary researcher).

Results Thirty participants were recruited over the two-week pilot, with 50% of CYP participating in the consent process. Twenty participants (67%) triggered at least one screening question, with dental health and (household) smoking being the most common triggers.