assessment. Hearing screening or audiometry is also included within the Extracorporeal Life Support Organization (ELSO) recommendations for the care of children post-ECMO.

Methods A retrospective survey was sent to families of children who were supported on ECMO run between 2008 and 2017 in a large paediatric ECMO centre. The aim of this questionnaire was to enquire about their experiences, follow up and any hearing or neuro-developmental difficulties their children had experienced. Families were also asked if their children had undergone hearing screening after hospital discharge. The central and local notes (if available) of these children were reviewed to look for evidence of audiological assessment.

Results 146 surveys were sent out with 64 families responding representing a 43.8% return rate. Thirty four of the families who responded (53%) report their children had hearing screening after ECMO. Seven families (11%) expressed concern about their children's hearing. There was evidence of hearing screening in the medical notes of only 28% responders (18 children). Most of these were not planned assessments due to the history of ECMO. The children undergoing hearing screening were referred due to concerns such as speech delay and recurrent ear infections. Forty four percent of children (8/18) had documented hearing screening because of their previous ECMO run.

Conclusions Over half of children who have had an ECMO run were reported by their parents to have had hearing screening completed though there was only documentation of the results in 28% of those where it was said to be undertaken. In the cases of documented audiological assessment, 56% of these were due to concerns raised out with routine post-ECMO assessment. It is important to raise awareness of the hearing screening requirement in children after ECMO and look at implementing a robust system to ensure this takes place. The responsibility for ensuring this takes place should lie with the ECMO centre.

G216(P) TO REVIEW THE DEMOGRAPHICS AND POSSIBLE REASONS BEHIND RECURRENT PAEDIATRIC ATTENDANCES TO A TERTIARY LEVEL EMERGENCY DEPARTMENT IN 2017

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Methods Utilising data for paediatric attendances to the Emergency Department in 2017, we applied certain selection criteria to our data. We excluded anyone sixteen years or older and anyone who reattended less than five times. We then recorded the age of the patient, sex of the patient, total number of attendances the patient had made, postcode and GP practice of the patient and also the likely diagnosis of each individual presentation.

Results In 2017, there were a total of 21,646 paediatric attendances to the Emergency Department. Of these, there were a total of 84 patients reattending with primary care issues.

Out of the total 21,646 attendances, 12,074 (55.8%) were male and 9,572 (44.2%) were female. Of the recurrent attenders this number was 43 (51.2%) male and 41 (48.8%) female.

The most common age for patients reattending was one-year-old; this group made up a total of 26.2% of those

Abstract G216(P) Table 1

Diagnosis	Total
Viral URTI	61
Head Injury	22
Abdominal Pain	17
Bronchiolitis	15
Croup	14
Chest Infection	14
Viral gastroenteritis	12
Tonsillitis	12
Rash	11
Pulled elbow	7
Leg injury	6
Foot Injury	6
Viral illness	6
Viral-induced wheeze	6
Dehydration	5
Worried well	5
Fever	5

reattending. Other significant age groups were the two-year-olds who made up a total of 21.4% of those reattending and the three-year-olds who made up a total of 16.7% of those reattending.

Viral upper respiratory tract infections are by far the most common cause for reattendance in the population we studied – accounting for sixty-one total presentations. Head injuries accounted for twenty-two attendances and abdominal pain accounted for seventeen attendances. Other causes for reattendance can be seen in the table 1 below.

Conclusion Most patients who reattended the Emergency Department were young, generally being less than four-years-old.

Viral respiratory tract infections and minor injuries are the most common causes for recurrent attendances. There are clearly many factors that need to be considered in patients reattending the Emergency Department; however, education of parents, particularly focusing on viral illnesses and minor injuries, remains an important step at trying to reduce recurrent Emergency Department attendances.

G217(P) IMPROVING PAEDIATRIC ASTHMA LONG-TERM MANAGEMENT THROUGH THE EMERGENCY DEPARTMENT

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Aims The UK has one of the worst paediatric asthma mortality rates in Europe. The National Review of Asthma Deaths found that we could prevent many deaths with better basic asthma care and long-term management. We aimed to improve the assessment of children with asthma in the Emergency Department (ED), and their long-term management.

Methods We collected data over three months on those >5 presenting to ED with asthma. We subsequently introduced an ED assessment proforma for these children. We re-audited