Conclusion Bleeding per rectum is an infrequent presentation to the PED. The most common diagnoses are benign and may be managed without need of invasive investigation, admission or outpatient follow up. A high index of suspicion remains necessary to identify infrequent but serious pathology.

G225(P) THE INCIDENCE AND OUTCOMES OF PNEUMOTHORAX IN NEONATES IN THE 21ST CENTURY

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Introduction A pneumothorax is most common in the neonatal period. There are many risk factors associated with its development including meconium aspiration syndrome, respiratory distress syndrome, pulmonary hypoplasia and mechanical ventilation (MV). Definitive management includes: expectant therapy, thoracentesis or insertion of a chest drain.

Aims To describe the incidence, aetiology and outcomes of pneumothorax in a tertiary neonatal unit to determine the risk factors with the most clinical relevance to prognosis.

Methods This study was a retrospective cross-sectional analysis of 9446 patients admitted to the NICU between August 2010 and December 2018, of which 178 met the inclusion criteria. There were 80,000 live births during this 8-year period. The data was taken from the Badger.net neonatal patient database, local electronic record and local radiology imaging archive. Analysis used Microsoft Excel and SPSS.

Results The incidence of pneumothorax was 2 per 1000 live births (0.22%) and 19 per 1000 NICU admissions (1.9%). The overall mortality was 20%. The median gestation was 37 +5 and the mean birth weight was 2475 g. Males accounted for 63% ($p=1.43$) and females 37% ($p=1.87$). Of the total, 61% had a unilateral right-sided pneumothorax while unilateral left-sided pneumothorax accounted for 11%. Birth weight was a significant risk factor for mortality ($p=0.002$, OR 0.998 CI 0.997–0.999). Of the 44% of neonates that had expectant management only, the mortality before discharge was 5%. Of the 56% that had a chest drain inserted, pre-discharge mortality was 33%. Of the term infants, 24 neonates received expectant management and had no MV prior to or after diagnosis. The survival rate in this group was 100% and the recurrence rate was 0%. Amongst preterm neonates, there was a 28% chance of recurrence compared to 10% in term infants.

Conclusion The overall pre-discharge mortality in the cases was 20% with preterm neonates being more likely to have a recurrent pneumothorax and a higher rate of mortality. As birth weight decreases, mortality increases. Term neonates without an acute requirement for respiratory support can often be safely managed with expectant therapy.

G226(P) IT WILL STICK LIKE GLUE: IMPROVING THE MANAGEMENT OF SIMPLE LACERATIONS IN A&E

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Background Lacerations are the 6th most common presentation to A&E in the UK. These vary from complex wounds requiring specialist review to those that can be repaired with steri-strips or glue. Most wounds are simple enough to be repaired by the nurse who first assessed the child. However, local practice in Children's Emergency Area (CEA) has been for every wound to be reviewed by a doctor. Consequences include long waiting times and crowded waiting rooms.

Aim Decrease time spent in CEA by children with 'simple lacerations' to 90 minutes by September 2019.

Methodology PDSA Cycle 1: A Standard Operating Procedure (SOP), designed by our multi-disciplinary team, was implemented on 18th August 2019. This sets a standard management pathway for children presenting to CEA with lacerations, and allows a nurse-led-discharge for 'simple lacerations' which do not meet exclusion criteria.

Average encounter times (AET's) were recorded on a Run Chart for the first six children presenting to CEA with 'simple lacerations', each week between March–October 2019. Prior to implementation, only AET's for lacerations which could have been managed by nurses were included. After implementation, AET's reflect the first six patients managed by either nurses or doctors.

We compared AET's between 31st March–18th August prior to implementation, to AET's between 18th August–15th October after implementation.

PDSA Cycle 2: Senior CEA nursing staff provided teaching to improve confidence and adherence to the SOP.

Results The average AET prior to implementation was 192 minutes. After implementation, average AET reduced to 117 minutes.

Since implementation, 52% were managed by nurses, with an average AET of 80. In the same time period, average AET for those managed by doctors was 163

Conclusion Using the SOP resulted in significant improvement of overall AET's in CEA. AET's for nurse-led-discharges were lower than for doctor-led-discharges.

Lower AET's result in lesser exposure to pathogens in the waiting room and allow doctors more time with acutely unwell children. We hope the pathway could serve as a model for other CEAs across the UK.

With evidence that AET's are shorter for nurse-led-discharges, our next PDSA cycle will focus on increasing number managed by nurses. We will monitor balancing measures: returning patients, and patient satisfaction.

G227(P) LIQUID DETERGENT CAPSULES ARE THE COMMONEST CAUSE OF ACCIDENTAL POISONING IN CHILDREN LESS THAN 5 YEARS-OLD PRESENTING TO TWO UK EMERGENCY DEPARTMENTS

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Aims Despite a global campaign on the dangers presented by liquid detergent capsules (LDC) – which look like sweets to a toddler – young children continue to present to emergency departments with LDC ingestion. We aimed to determine how often LDCs, or 'liquid tabs', were the cause of children