There are many implications of using an estimated weight, including errors in drug doses, fluid bolus, maintenance fluids, ventilator settings and assessment of urine output. In this cohort the estimated weight that followed them throughout their admission has implications on their immediate resuscitation and extended inpatient care and highlights the importance of obtaining an accurate weight at the time of arrival.

What can we do differently? We have implemented the use of a pat-slide weighing scale by *MARSDEN* to get an accurate weight from time of arrival. This device enables a rapid weight to be obtained during patient transfer to the trolley.

G246(P) 'SEE IT, EAT IT, A&E IT' – ACCIDENTAL POISONINGS IN A PAEDIATRIC EMERGENCY DEPARTMENT

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Aims Many common household items, which may not be perceived as 'poisons', can have serious consequences if ingested by a curious toddler. Between 2012/13 – 2016/17, 25,591 children under five were hospitalised for accidental poisoning in England. Unfortunately, recent UK data is scarce and focuses mainly on fatal poisonings. This study aimed to understand the aetiology of all accidental poisonings presenting to a single Emergency Department (ED), in order to guide preventative advice.

Methods Electronic patient records were searched for children under 16 attending a paediatric ED with a coded diagnosis of 'Accidental Poisoning' over an eight-month period. Sixty four cases were identified for analysis.

Results Most cases (84%) occurred in children under five but accidental poisoning was most prevalent in children aged one year (34%). Medications were responsible for half of all poisonings (51%) and household products responsible for 33%. Medication was usually intended for the child themselves (31%), the child's parents (22%) or grandparents (22%). Two children had previous admissions for accidental ingestion in the four months prior to the study. Children were generally clinically well. Thirty percent were discharged directly from the ED and the average length of hospital stay was 8 hours 18 minutes. Only one child was hospitalised for over 24 hours. Four children (6%) required active treatment for poisoning. Safeguarding concerns were documented in 6% of cases and referrals to Health Visitors were suggested in 39%. Families were given advice on preventing poisoning in 44% of cases.

Conclusions Accidental poisoning is a common cause of paediatric ED attendance, but cases are generally mild, requiring only a period of observation and limited investigations. Children presenting with accidental poisoning are at risk of further poisoning, yet strategies within the ED to prevent future incidents are variably applied. The young age of children suggests that unsafe storage plays an important role in the causation of accidental poisoning, so preventative strategies should focus on educating families, including grandparents, on safe storage of medications and other poisons. Health Visitors should be involved in the assessment of the home environment and an information leaflet should be distributed to all families.

G247(P) VENTILATOR ASSOCIATED PNEUMONIA- ARE WE (UNDER) ESTIMATING?

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Background and Aims Ventilator associated pneumonia (VAP) is the second most common healthcare associated infection and is associated with substantial morbidity, mortality, increased hospital stay and cost of healthcare. Despite this, VAP is often under recognized and under reported and there is a lack of data on VAP in UK children. We aimed to determine VAP rates in a tertiary Pediatric Intensive Care unit by tracing positive microbiological specimens for invasively ventilated patients.

Methods This was a retrospective observational study. All patients who were admitted to the pediatric critical care unit between 01/01/2017 to 31/12/2017 and invasively ventilated for more than 48 hrs were included. All positive respiratory tract specimens for the study period were identified and followed by a review of relevant case notes, nursing charts and investigations. Denominator data was collected from the hospital database. VAP was diagnosed using a combination of clinical, radiological and microbiological criteria adapted and simplified from Centers for Disease Control pneumonia flowcharts for pediatric VAP diagnosis.

Results There were 8 microbiologically confirmed cases of VAP, and 2066 ventilator-days, giving a VAP rate of 3.8/1000 ventilator days. The positive microbiological specimen was endotracheal aspirate in all the cases. Few BALs had been performed and none were diagnostic of VAP. The causative agents in all these cases were bacterial; no fungal or viral pathogen was identified. Gram negative bacteria were identified in 7 out of 8 cases (87.5%), *Escherichia coli* being most common (3 cases), followed by *Haemophilus influenzae* (2), *Pseudomonas aeruginosa* (2) and *Staphylococcus aureus* (1 case). Mero-penem or piperacillin-tazobactam were used for treatment in nearly all cases (7/8). VAP was diagnosed and recorded contemporaneously in only 1 of 8 patients.

Conclusion This study defined the VAP incidence in our institution. VAP cases without microbiological confirmation were not detected and the incidence is therefore likely to be an underestimate. Prospective surveillance using clinical criteria is planned. VAP cases were associated with very broad spectrum antibiotic use in our population. Surveillance for, and interventions to prevent, VAP will be beneficial from an antimicrobial stewardship perspective.

G248(P) INTRODUCING LIVE WAITING TIMES ONLINE AS A SERVICE IMPROVEMENT FOR THE PAEDIATRIC EMERGENCY DEPARTMENT (PED)

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Aims Waiting times in Emergency Departments (ED) is a national problem. Using advancements in technology current live ED waiting times can be made available to the public, so that patients can decide whether to attend an ED or are better off seen in the community.