Currently the hospital website displays live wait times for the adult ED but not for paediatric ED (PED). Seeing as the PED works as a separate entity to adult ED, it beckons the question, ‘Is there a need for live PED wait times to be displayed to the public?’ with the aim to introduce a service improvement to provide the information if required.

Methods This audit comprised of a mixed methods analysis. The audit recruited accompanying adults of child attendees at the hospital’s PED. A questionnaire discussed the use of any other healthcare services and any existing knowledge of current wait times. Analysis included descriptive statistics and cross tabulation with $\chi^2$ test of independence.

Results Sixty participants completed the questionnaire. 53.2% had not used any other healthcare service before arrival. 93.5% did not know the wait time before attending and 77.4% answered it would be useful to know. More than 60% said that had they known that the website was providing information on wait times they would have checked it before coming to the ED. The association between displaying wait times online and checking the hospital website before attending was significant, $\chi^2 (1, N = 61) = 6.18, P = 0.01$. Conclusion This audit recognised the need to add PED live waiting times onto the hospital website as a service improvement.

The advantages to knowing about current PED waiting times include:

- Choosing to attend ED if the problem was urgent, or seek help from other services
- Reduced attendance reduces the number of breaches and pressure on the department
- Happier patients who at least know what to expect before attending
- Incorporation of live wait times on the hospital website for the PED is currently being designed.
evidence for this seems to be mixed and inconclusive. Additionally, Calcium Chloride appears to be worse an irritant comparatively and is more likely to cause tissue necrosis with extravasation, thereby rendering Calcium Gluconate a safer option when used peripherally.

G252(P) ABSTRACT WITHDRAWN

G253(P) 4HS AND 4TS – COULD YOU MANAGE THEM ALL?

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Background Cardiac arrests, although rare in Paediatrics, are extremely high-pressure, high-stakes situations. Identifying any reversible causes, commonly referred to as the 4Hs and 4Ts, is an important step in the management of cardiac arrest. Ascertaining the cause more quickly has the potential to improve our currently poor outcomes.

Aim To evaluate how quickly and accurately healthcare professionals can recall the reversible causes of cardiac arrests and their ability to narrate the management of each of these.

Methods Using a standardised proforma, 38 APLS providers (nurses, APNPs, junior doctors and consultants) were asked to recall the 8 reversible causes of cardiac arrest whilst being timed. Next, they were asked to describe management of each. Participants were told this was a competition and therefore asked not to discuss with others.

Results Only 12 of the participants were able to recall all 8 reversible causes with their times ranging from 16 to 95 seconds. There was little correlation between seniority or experience of cardiac arrests with ability to recall all 8 causes; half of those able to recall all causes were foundation or ST1–3 level doctors. The order of recall was also recorded. Despite hypoxia and hypokalaemia being the most common causes, tamponade was the most commonly recalled (86.6%) in this survey. Qualitative data showed that overall participants were able to manage hypoxia, hypovolemia, and hypothermia with some confidence but were less able to describe management of the remaining causes.

Conclusion Healthcare professionals are not always able to recall all reversible causes, and as such there is potential for delay in cause identification in emergency situations. A simple aide-memoire has the potential to improve speed of identification of cause of arrest and possibly save lives and improve outcomes. This is being developed to trial locally.

G254(P) INCIDENCE OF FIREWORK RELATED INJURIES AT ROYAL HOSPITAL CHILDREN FOR GLASGOW

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Aims and Objectives
- To assess if incidence of firework related injuries is increasing.
- To assess relationship between firework injuries and SIMD index

Methods Data was collected from nurse led burns clinic attendees and A&E attendees between 31st October and 10th November from 2015–2018. The type of injury; site of injury; age when injured; gender; severity of burn; and postcode were collected. Postcode data was then inserted into Scottish Index of Multi Deprivation Index (SIMD) database to extract SIMD index.

Results 30 children were injured by fireworks, sparklers or bonfire between 2015 and 2018, 9 females and 21 males. Ages ranged from 2–15 years. The most common body part injured was the hand (n=17) and the majority of injuries happened on bonfire night (n=16). Fireworks injured the most people (n=18), followed by sparklers (n=8) and then bonfires (n=4). The majority of injuries were superficial (n=15). Firework related injuries also seem to be on the increase, and this is depicted in table 1 below. Lower SIMD indices had higher indices of burns (p=0.0015) and this is depicted in table 2.

Conclusions Firework related injuries increased by almost double in 2018 compared to 3 previous years. Lower SIMD quintile ranking also had significantly more firework related injuries. This could suggest a link between deprivation and likelihood of firework injury. This information could be used to target more deprived areas with firework safety campaigns, as well as overall increase in campaigning in 2019 to assess if injuries can be reduced in 2019.

G255(P) FROM A&E TO THE COMMUNITY, PARENTS LEARN TOGETHER THROUGH ABC

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Problem and Aims Our A&E department assesses 45,000 children every year, 40% of these could be self-managed or treated in primary care. This proportion of inappropriate presentations