- Only 4 of the 48 children were living with their birth mother at diagnosis.
- The mean age at diagnosis was 60 months.
- In all but 1 of the (probable) cases, the palpebral fissure measurement was either not recorded or inconsistent with FAS; philtrum and lip assessment were more accurately recorded.
- 80% (where data was available) had a birth weight <10th percentile, 54% had a weight <10th percentile at notification.
- 65% of babies were microcephalic at birth and 83% were microcephalic at notification.
- Neuro-cognitive diagnoses were extremely common with over 70% reported to have 1 or more diagnoses.
- 19 cases had seen a geneticist and 38 had genetic investigations, of which all had an array CGH. Results showed 1 micro deletion and 3 VOUS.

Conclusions

- The formal diagnosis of FAS is rarely made by UK paediatricians.
- This in part reflects that FAS, as defined by strict internationally agreed criteria, is a rare disease.
- The results also reflect a lack of education and confidence in making the diagnosis of FAS as demonstrated by the number of initial notifications withdrawn and challenges in obtaining accurate information regarding facial features.
- There is a high level of microcephaly and neuro-behavioural diagnoses in this group.
- Diagnostic yield from genetics investigations is low.
- Early diagnosis is important so that children with FAS can benefit from more targeted cognitive and behavioural interventions.
- FAS is the tip of the iceberg, however, FASD surveillance presents challenges due to the current lack of agreed diagnostic criteria. Establishing the incidence of FASD would help health and social care develop appropriate services for these patients.

British Association for Community Child Health

760

IMPROVING REFERRAL PATHWAYS IN COMMUNITY PAEDIATRICS – FORMING THE SOLUTION

Melanie Ranaweera, Rie Yoshida, Julia Simpson. Croydon University Hospital

10.1136/archdischild-2021-rcpch.181

Background Good quality referrals containing the correct information are a crucial first step in the patient journey. Our Community Paediatric Service receives over one hundred external referrals a month from many different sources. With no standardized process currently in place, the referrals come in various forms and are of varying quality. This can result in inappropriate or poor quality referrals being rejected, which can lead to overall delays in the child's care.

The British Association for Community Child Health and British Association for Child and Adolescent Public Health (BACCH-BACPAH) 2014 recognise the importance of good quality referrals in their Family Friendly Framework standards.

These state, in order to streamline a child's care effectively, thorough recognition of a child's main issues and provision of such information to referring services is required. In addition, the 2017 Royal College of Paediatrics and Child Health (RCPCH) Community workforce guide advocates clear community service referral pathways to enable effective patient care.

Objectives We aimed to review our current referral practice, and to identify improvements required, to ensure compliance with the above national standards.

Methods A month period was chosen at random, whereby 119 external referrals were received. Each referral was accessed on EMIS, and rated as poor, sufficient or good according to pre-determined criteria. The reasons for referral rejections were explored.

Results Of the 119 referrals, 103 (87%) of them were accepted. 10 (8.4%) were classified as poor quality, 61 (51.3%) as satisfactory quality and only 48 (40.3%) were deemed good quality. Of the 16 referrals that were rejected, 3 were already known to the service, 1 required advice only and 13 were deemed more suitable to another service. The majority of rejections were for children with a suspected social communication disorder who were over 5 years old, where the local agreement is for this age group to be reviewed by Child and Adolescent Mental Health Services (CAMHS).

Conclusions Our findings highlighted the need for improvement in our referral pathway. As well as enhancing the quality of referrals, it showed a need for improved communication regarding the correct local referral pathways. In response to these problems, we designed a new bespoke standardised referral document that will be distributed to all local health and education services.

The form includes mandatory sub-sections that will help facilitate clinic allocation (*main concerns, reason for referral, salient background information including safeguarding assessments, overview of development and professionals involved*). To minimise inappropriate referrals, the form provides an overview of up-to-date referral criteria with pathways for all possible community presentations. Lastly, it incorporates an appendix signposting parents and carers to useful local services available to them.

Going forward, we plan to review the impact of the new referral form in 6 months time, reassessing referral quality and rejection rates. Based on its success, this form could be implemented more widely to streamline the referral pathway for all community paediatric patients.

761

OPTIMAL MANAGEMENT OF MINOR AILMENTS IN CHILDREN: HEALTHCARE PROFESSIONALS' VIEWS

¹Alice P McCloskey, ²Sharyn Maxwell, ³Harrison Do, ³Lauren Sabbagh, ²Adam P Rathbone. ¹Liverpool John Moores University, ²Newcastle University, ³The University of Western Australia

10.1136/archdischild-2021-rcpch.182

Background Minor ailments are self-limiting conditions often managed without medical intervention. Children are particularly susceptible due to immature immune systems however, there are currently no gold-standard references for managing minor ailments in children, and pharmacological and non-pharmacological interventions differ both culturally and globally. There are concerns regarding carer health literacy and how this influences management decisions. Health literacy is

the ability to 'access, understand, appraise and use information/services to make decisions about health'. Typically, those of lower health literacy are less likely to seek healthcare professional advice, have difficulty communicating health concerns, and demonstrate poor health knowledge and self-management skills.

Objectives 1. Design and pilot a questionnaire capturing the views of healthcare professionals with an interest in paediatric healthcare

2. Determine healthcare professional views on best management of eight common minor ailments

3. Collate health literacy support approaches that may be used to communicate information to carers with low health literacy

Methods Ethical approval was obtained (Newcastle University Ethics Committee (14083/2018. V1. 15/06/19)). A questionnaire using JISC Online Questionnaires, was designed exploring professional experiences, national and international references and specialist children's hospital guidelines. It captured: demographics, treatment/management of common childhood minor ailments, health literacy supports and education in paediatric healthcare. Participants were recruited via email to professional networks with follow up emails followed by snowball sampling. Open and closed questions were used, including a 7 point Likert scale. Free text responses were also collected. Descriptive statistics using Microsoft excel determined quantitative conclusions e.g. percentages, mode for Likert scale responses, and qualitative responses explored via thematic analysis.

Results Participants included: five community pharmacists, two hospital pharmacists, two primary care pharmacists and one general practitioner. Responses to management of minor ailments were categorised based on ranking (1–3=would not recommend, 4=ambivalent, and 5–7=would recommend). In many cases non-pharmacological interventions were selected for management of colic, common cold, constipation, croup, fever, measles, nappy-rash and teething. Health literacy supports had been employed by 8/10 participants, with written and digital forms most reported. Written and verbal forms of support were considered useful to communicate health-related information to those with low health literacy. Only 2/10 had used tailored, interpreted information to assist carers who's first language was not English. Paediatric educational experience varied between undergraduate and postgraduate exposure. All agreed that undergraduate healthcare students should competently recognise and treat common childhood conditions as part of their initial academic qualification.

Conclusions The study identified the preference for non-pharmacological interventions for common childhood conditions as per Glascoe et al. It provides insight into health literacy supports utilised by healthcare professionals. Participants recognised the importance of improving carer health literacy to improve child health. Written and verbal communication methods were preferred, and a combination has proven more effective than single forms when communicating with low health literacy individuals. Future work will involve recruitment of further healthcare professions to obtain a clearer management consensus. In addition, to determine whether there is a need for improved training at undergraduate level, a study to explore healthcare students' understanding of minor ailments, and identify areas for improvement in paediatric undergraduate teaching.

Association of Paediatric Emergency Medicine

763

QUALITY IMPROVEMENT PROJECT – PAEDIATRIC ELECTROCARDIOGRAM (ECG) INTERPRETATION IN PAEDIATRIC EMERGENCY DEPARTMENT

Taura Jone, Matthew Edwards. *King's College Hospital NHS Foundation Trust*

10.1136/archdischild-2021-rcpch.183

Background Paediatric ECG differs significantly from the adult ECG and changes with age. Clinicians' confidence in ECG knowledge varies with experience. Major differences in accuracy of paediatric ECG interpretation are reported in literature with scores ranging from 41% to 69.7% in various settings. Studies also raise worries regarding ECG documentation, with up to 92% of important parameters not recorded.

Aim To improve paediatric ECG interpretation and documentation in Paediatric Emergency Department by introduction of an 'ECG interpretation checklist'.

Objectives

1. To establish current practice and deficiencies in interpretation and documentation.
2. To design an ECG Interpretation checklist that balances expediency and thoroughness.
3. To improve adherence to indications when recording paediatric ECGs.
4. To improve quality of paediatric ECG interpretation
5. To improve the documentation of ECGs.
6. To improve the rate that abnormal ECGs are discussed with senior clinicians.

Methods A retrospective service evaluation for the month of August 2020 was conducted. The case notes and ECGs of 34 patients were analysed for appropriate indications, completeness of interpretation, identification of abnormalities, quality of documentation, discussion with senior clinician.

Following the audit and using small focus groups at teaching sessions, common areas of poor confidence were identified to assist design the checklist. The checklist was further refined using teaching sessions for PED and inpatient teams at various seniority levels.

Documentation quality and thoroughness of ECG interpretation were assessed after implementation of checklist and electronic questionnaire was sent to clinicians to assess confidence and collect feedback.

Results

1. Appropriate indications for recording paediatric ECGs were identified in 100% ECGs.
2. No ECGs had all important parameters documented neither on ECG sheet nor in Electronic Patient Record (EPR).
3. 30% of ECGs were not documented.
4. 44% of all ECGs were discussed with a senior clinician. 91% of abnormal ECGs were discussed with senior clinician and 71% were discussed with a paediatric cardiologist.
5. Development of the interpretation checklist:
 - o Appropriate indications for recordingInitially the checklist was designed to give guidance on all parameters.
 - o Following focus group iterations, it was simplified, and an easily accessible accompanying intranet guide was produced to assist in specific areas of interpretation.
6. Use of the checklist significantly improved documentation quality and thoroughness.