**Abstract 1042 Table 1**

<table>
<thead>
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<th>Manual Checks</th>
<th>Dexcom G6</th>
<th>Libre Flash</th>
<th>LGS</th>
<th>CLS</th>
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</thead>
<tbody>
<tr>
<td>Pump</td>
<td>66 mmol/mol</td>
<td>58 mmol/mol</td>
<td>59 mmol/mol</td>
<td>59 mmol/mol</td>
<td>50 mmol/mol</td>
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<td>MDI</td>
<td>68 mmol/mol</td>
<td>61 mmol/mol</td>
<td>68.5 mmol/mol</td>
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<td></td>
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</tbody>
</table>

**Conclusions** As per the published studies, this work supports the use of advanced technology in diabetes care and of closed loop systems to provide the best possible glycaemic control. Interestingly, despite Dexcom G6 being more expensive than Libre Flash, this small study has not shown any advantage for the use of Dexcom G6 in terms of diabetes control for CYP on insulin pumps.

**British Paediatric Allergy Immunity and Infection Group**

**Abstract 1043**

**SUBOPTIMAL ALLERGY KNOWLEDGE REINFORCES PENICILLIN ALLERGY LABELS IN CHILDREN**

1Karen Maduemem, 2Eliza Magnusen, 3Umair Khan, 4Tom Beattie. 1Birmingham Children’s Hospital; 2Leicester Royal Infirmary; 3University of Edinburgh

**Background** Penicillin allergy (PenA) is the most common reported drug allergy in acute settings. Delayed non-severe maculopapular rash is the most reported symptom. However, this is also a common feature of viral illness. The problem faced by clinicians is to determine whether the rash is allergic in nature, thereby affecting therapeutic decisions.

**Objectives** This study investigates how this conundrum is approached by front-line clinicians.

**Methods** A cross-sectional anonymised survey of prescribers working in a tertiary paediatric emergency department was performed. A clinical vignette described the choice of antibiotic for a child who previously developed a delayed non-severe maculopapular rash after administration of penicillin. Likert scale of agreement was used to evaluate the use of allergy pertinent questions.

**Results** Sixty-two prescribers with varied clinical grades responded. All respondents have encountered children with reported PenA in clinical practice. Twenty-six (42%) respondents would prescribe a penicillin-based antibiotic in the clinical vignette. The most sought allergy information was related to symptom(s) of the reaction (55/62; 89%). Thirty-eight (61%) respondents would inquire when the reported reaction occurred. Whilst 38 (61%) prescribers would clarify the time interval between ingestion and symptoms, a lower proportion (24/62; 39%) would verify if allergy referral or testing had been done.

**Conclusions** This single centred survey confirmed regularity of contact with reported PenA in acute settings. A suboptimal rate of allergy focused history was highlighted. Allergy education will be an invaluable first step in safe antibiotic allergy de-labelling and antimicrobial stewardship promotion.

**REFERENCE**


**Quality Improvement and Patient Safety**

**Abstract 1045**

**BUILDING ALLIANCES AND CONVERSATIONS FOR INTEGRATED CHILD HEALTH**

1Sara Waniaih, 2Rachel Roberts, 3Simon Blackburn. 1Cambridge University Hospitals (Addenbrookes); 2Primary Care Dean London, Health Education UK; 3Great Ormond Street Hospital

**Background** This was a Darzi project performed as a collaboration between healthcare sectors, initiated by Great...