emergency department (ED) care. A target of 100% compliance with current guidelines was set.

Methods Retrospective study of patients presenting to ED with thermal burns in a three-month period between 2019 and 2020. Electronic records were identified by coded diagnosis of 'burn' or 'scald' to evaluate the practice of cool running water FA in pre-hospital & ED settings as recorded by nursing and medical staff. Demographics, mechanism of burn, percentage (%) body surface area, nature and duration of prehospital & ED FA were recorded and compared with the baseline data from the first cycle.

Results Twenty-seven (27) patients were identified with an average age of 2.9 years. Upon reaudit, contact burns from the oven door remained the most commonly cited mechanism of burn injury (37%). Compared to the first cycle, adequate documentation of cooling time was significantly improved (28% vs. 8%). In the prehospital setting, the rate of adequate cooling completed among children doubled upon reaudit from 12% to 24% respectively. In contrast to the first cycle where only 29% of children with inadequate prehospital FA went on to complete adequate cooling in ED, this figure rose by over 100% in the second cycle to 66%. Among children presenting to the ED with suboptimal prehospital FA, the completion of adequate cooling was lowest among those under 2 years of age and those who has previously completed between 10 to 20 minutes of cooling prior to attending.

Conclusions The initial care provided in prehospital and ED setting continues to fall short of current guidelines calling for twenty minutes of cooling with running water. Despite emphasising the need for ongoing education on the importance of adequate cooling in both healthcare and public domains, the reaudit represents a substantial improvement in FA practice and documentation from the first cycle. Re-education combined with multidisciplinary team (MDT) engagement may have contributed to the improved results. Our findings call for continued education on burns management among medical staff and the introduction of campaigns to increase the public's awareness of appropriate FA, to include time parameters for appropriate treatment and its association with improved outcomes.

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SLEEP DISTURBANCES IN PRESCHOOL CHILDREN WITH AUTISM SPECTRUM DISORDER AT A MALAYSIAN TERTIARY HOSPITAL

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Background Children with autism spectrum disorder (ASD) have a myriad of associated health problems which affect their overall quality of life. These include sleep disturbances, which may have been under-recognised previously. Recent research have indicated that children with ASD have more sleep problems compared to their typically-developing peers. However, there is limited information regarding the prevalence of sleep problems among preschool children with ASD. The Sleep Disturbance Scale for Children (SDSC) was originally validated on a sample of healthy children 6–16 years old, but it has been proven to have a good level of internal consistency

(Cronbach's alpha: 0.83) for preschool children between the ages of 3–6 years old. This questionnaire has also been validated in the Malaysian children population in previous studies.

Objectives This study aims to determine the prevalence of sleep problems and associated factors in a group of Malaysian preschool children between the age 3 and 6 years old, with autistic spectrum disorder (ASD) diagnosed as per DSM-5.

Methods Patients who fulfilled the inclusion criteria were recruited from the Child Development Clinic, Universiti Kebangsaan Malaysia Medical Centre (UKMMC). Demographic data was obtained and the Sleep Disturbances Scale for Children (SDSC) questionnaire was completed by the main caregiver. Logistic regression analysis was used to determine factors related to higher total SDSC scores.

Results A total of 56 preschool children were recruited (48 boys) with a median age of 5 years (IQR = 9 months). Twenty-one of them (37.5%) obtained a pathological score for at least one subtype of sleep disturbances on the SDSC with eleven children (19.6%) scoring high for overall sleep disturbances. For each sleep disturbance subtype: DIMS 23 (41.1%), PAR 10 (18%), SBD 2 (3.6%), DOES 17 (30.4%), DA 8 (14.3%), NRS 6 (10.7) while no participants achieved pathological score for SHY. Majority of them had insufficient night sleep duration of less than 8 hours (35.7%) and prolonged sleep latency beyond 30 minutes after bedtime (46.4%). A significant proportion of the preschoolers with ASD had co-morbidities (39.3%) in which more than a quarter (26.8%) had attention-deficit hyperactivity disorder (ADHD). The practice of co-sleeping was common in a majority of the households (94.6%). Using logistic regression analysis, four factors were significantly associated with higher total SDSC scores; female gender ($p = 0.032$), insufficient sleep length ($p < 0.001$), prolonged sleep latency ($p = 0.021$) and the practice of co-sleeping ($p < 0.001$).

Conclusions Sleep disturbances are prevalent in Malaysian preschool children with ASD, especially DIMS. Female gender, insufficient sleep length, prolonged sleep latency and household practice of co-sleeping were found to be significant factors associated with sleep disturbances. Evaluation of sleep problems should form part of the comprehensive care of preschool children with ASD. Individuals at risk for sleep problems could then be directed to appropriate avenues for support and therapy.

Abbreviations: DA, disorders of arousal; DIMS, disorders of initiating and maintaining sleep; DOES, disorders of excessive somnolence; NRS, nonrestorative sleep; PAR, parasomnias; SBD, sleep breathing disorders; SDSC, Sleep Disturbance Scale for Children; SHY, sleep hyperhidrosis.

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