Conclusions Varying factors are involved in timely discharge of paediatric patients. Easily implemented and widely applicable quality improvement changes are likely to play a positive role in the timely and safe discharge of paediatric inpatients.

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Paediatric Critical Care Society

1184 NON-ACCIDENTAL INJURY: THINK MAJOR TRAUMA

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Background The 2015 North West Children's Trauma Network Children's Major Trauma Pathway defined the referral pathway for children who have suffered traumatic injuries in the North West. Despite this, there were concerns about several deviations from the pathway including disjointed communication and transport delays. This audit was designed to understand why this was happening and how we can improve the care of these patients.

Objectives To understand how closely the major trauma referral pathway is being followed by trauma units and local emergency hospitals in cases of traumatic injury in children.

Methods A retrospective analysis of all NWTs (North West and North Wales Transport Service) referrals from 01/06/2018 to 31/05/2019 resulted in 93 cases which met the criteria. These notes were reviewed against the defined standards with results as below

Results

Standard	Compliance
1. The trauma team leader (TTL) at the major trauma centre is involved in any call to NWTs (Children's Major Trauma Pathway) where the presenting complaint is either initially identified or subsequently identified as being due to a traumatic injury, including non-accidental injury.	34% (10/29)
2. Once the referral is accepted by the TTL any time critical transfer is arranged by the local team unless agreed otherwise with the major trauma centre (Children's Major Trauma Pathway).	62% (18/29)
3. Safeguarding concerns are properly highlighted and documented in all cases of major trauma (Children's Major Trauma Pathway).	90% (9/10)
4. There were no delays to transfer caused by looking for a bed/unnecessary procedures/performing investigations unless advised by the major trauma centre (Children's Major Trauma Pathway).	69% (20/29)
5. The Children's Major Trauma referral pathway was followed in all areas.	17% (5/29)
6. All cases where a non-accidental injury is identified are reclassified as a major trauma (Children's Major Trauma Pathway).	30% (3/10)
7. All referrals where safeguarding concerns have been identified have the proper documentation completed and sent to the MTC (NWTs Guideline: How to deal with safeguarding)).	86% (59/68)

Conclusions Action plan:

- Dissemination of the audit results throughout the transport team and children's trauma network
- Major trauma update in outreach teaching and inhouse training
- Development of a trauma quick reference guide
- Alterations to the referral form to prompt adherence to the pathway

We were most concerned about the failure to reclassify non-accidental injuries as major trauma and conversations with colleagues elsewhere revealed similar experiences. Children who present floppy and unwell via the GP and ED, where a CT is performed and a non-accidental injury identified, are often, by this point, under the care of the general paediatricians. Outside of APLS, general paediatricians and those from other sub-specialties have very little experience in the management of traumatically injured children. They now find themselves managing a major trauma, often unaware of regional trauma pathways with additional management strategies frequently overlooked and unnecessary delays in transfer to definitive care. This has led us to develop an additional action plan to encourage education and training on the management of trauma in safeguarding updates for paediatricians.

British Paediatric Allergy Immunity and Infection Group

1185 PAEDIATRIC QUALITY OF LIFE IN CONGENITAL CMV: CURRENT KNOWLEDGE AND FUTURE DIRECTIONS

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Background Congenital cytomegalovirus (cCMV) is the most common congenital infection. Around 25% of infants with cCMV develop permanent sequelae. However, there is a paucity of research evaluating the quality of life of children with cCMV.

Objectives This study evaluates current evidence regarding long-term effects of cCMV on affected children, and considers methodology used in quality of life studies that could be applied to cCMV and possible impacts on updated health economic evaluations of cCMV.

Methods We reviewed studies that reported long-term effects of cCMV on affected children, studies that measured quality of life in children with cCMV and similar paediatric populations, and studies that reported psychometric properties of quality of life measures.

Results The high prevalence of long-term sequelae amongst children with cCMV is likely to significantly impact quality of life of affected children and their families. Only one existing study assessed quality of life in children with cCMV and their parents, which was subject to bias and only incorporated one quality of life measure. We identified multiple quality of life measures that could be suitable for use in future studies of quality of life in cCMV, with varying psychometric properties and assessing different constructs.