diabetes-specific tool, in order to provide early and preventative psychological interventions for those at risk, and active management strategies for identified sufferers, including the provision of dual medical and mental health inpatient facilities for those most affected.

Paediatricians with Expertise in Cardiology Special Interest Group

168 PATENT DUCTUS ARTERIOSUS: PRESENTATION AND OUTCOMES (SINGLE OPERATOR EXPERIENCE)

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Background Key facts regarding patent ductus arteriosus (PDA):

- Incidence is 1 in 2000 in term infants
- Has female preponderance
- Presents in 60% of preterms (<28wks gestation) and may have medical or surgical treatment
- Spontaneous closure is rare in full-term infants and children

In our District General hospital (DGH), all the referrals for paediatric echocardiography (from the paediatric unit, the neonatal unit, outpatient clinics, and primary care) to one of the three paediatricians with special interest in cardiology were analysed. Within our cohort we looked at the most common presenting symptoms, age at referral, referral source, and management outcome of those who eventually had patent ductus arteriosus diagnosed on echocardiography.

Objectives To ascertain for paediatric patients eventually diagnosed with PDA with echocardiography, what was the:

- Commonest presentation at referral
- Main age group referred for echocardiography
- Eventual outcome

Methods Sample Period: 01/01/2009 – 02/02/2019

Inclusion Criteria: All paediatric referrals for Echocardiography (single operator)

Relevant Sample Size: 84

Data Collection: Retrospective from:

Cardiac database

Electronic patient management system

Clinic letter

Referral letters (to single operator and/or tertiary centre)

Discharge summaries

Validation: Use of Pro-forma

Exclusion Criteria: Patients who had any cardiac defect (isolated or in combination) on Echo other than PDA

Excel spreadsheet used for data collection and analysis

Results 70% of the patients referred for echocardiography were less than 28 days of age, 18% between 28 days and 1 year old, and the remaining 12% above 1 year old.

51% cases were referred from our neonatal unit, 18% from postnatal wards, followed by 12% referrals from primary care physicians. 9.5% cases were incidentally picked up on clerking when patients presented to our DGH with another complaint. The remainder were referred from Paediatric outpatient clinics.

64% of patients with PDA were noted to be preterm at birth. Nearly three quarters of patients had continuous

machinery murmur when referred. 11% had Trisomy 21 as a reason for referring. 7% were asymptomatic and referred for screening because of family history (Di George or Hypoplastic left heart syndrome). Failure to thrive was the presenting feature in 1%, while 2% presented with cardiac failure.

70% PDA were isolated defects.

38% PDA self closed, while 42% required intervention (coil or surgical ligation). A further 9% were lost to follow up, 1% deceased, with 10% still under regular follow up at the DGH.

Conclusions

- Female preponderance in patients with PDA.
- Most cases of PDA presented with a pathognomonic machinery murmur.
- Some cases were silent, with incidental discovery on echocardiograms.
- Occasional cases beyond neonatal period (during infancy) presented in heart failure or faltering growth.
- Nearly half the cases needed intervention to close the PDA, with most not needing surgical ligation.

Young People's Health Special Interest Group

174 TEENUNDATED- IMPROVING UNSCHEDULED CARE OF 14–16 YEAR OLD YOUNG PERSONS ON A GENERAL PAEDIATRIC UNIT

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Background Our District General Hospital increased the upper age limit for paediatric admissions from 14 years to 16 years in 2019-possibly among the last to do so in the United Kingdom.

Objectives

1. To identify the clinical profile of young persons aged 14 years and over admitted to a paediatric unit in a District General Hospital over a 1-year period.
2. To identify training and service provision gaps around care of 14–16 year olds admitted under the paediatric medical team

Methods

1. Clinical features of patients aged 14 years and above admitted under the paediatric medical team between May 2019 and May 2020 were recorded in a pre designed proforma.
2. A survey sent to Health Care Professionals working in the Paediatric inpatient facility was analysed
3. A telephone survey of experience of 17 randomly selected service users was analysed.
4. An educational package consisting of simulation, lectures, videos and a resource pack related to adolescent health was created, disseminated and feedback analysed.

Results

- 93 young persons aged 14–16y were admitted medically over 1 year with an average of 8 admissions per month.
- 27 were male and 66 were female.
- The average length of stay was 2.4 days