positive results from 1249 CSF samples tested using FA-M/E technology. Of the positive analyses, 50 (19.5%) were bacterial and 206 (80.5%) were viral/fungal pathogens. 41/50 (82%) bacterial isolates were TP and 6/50 (12%) False Positives (FP) and 3 unconfirmed by reference tests. The bacterial analytes detected include S. Pneumoniae 19 (15 TP; 2 FP; 2 unconfirmed) S. Agalactiae 13 (11 TP; 2 FP), E. Coli K1 13 (11 TP; 1 FP; 1 unconfirmed), HiB 3 (2 TP; 1 FP), N. Meningitidis 1 (1 TP), L. Monocytogenes 1 (1 TP). 41/50 (82%) bacterial isolates were TP’s confirmed by reference testing, 6/50 (12%) were FP and 3/50 (6%) were unconfirmed by reference testing.

Conclusions The FA-M/E panel can detect 6 common bacterial organisms in the CSF with a TP rate of 82% and a FP rate of 12%. The PCR panels ability to rapidly identify CNS pathogens within 60 minutes makes it a useful diagnostic tool in emergency settings. However five out of eight studies included were retrospective and as a result clinical data may have been lost, some samples were retrospectively tested after 2 years, thus we cannot determine the exact impact the FA-M/E would have on clinical outcomes. Due to study design or insufficient CSF volume, many samples did not undergo adjudicatory testing to validate FA-M/E panel results.

The FA-M/E panel and rapid PCR panels are feasible adjuncts to conventional testing but larger studies in different settings are required before they can replace current practice.

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226 PRESCRIPTION OF PARACETAMOL AS AN ANTIPYRETIC IN PAEDIATRICS: ANALYSIS OF PRACTICES IN A NATIONAL ACUTE AND TEACHING HOSPITAL

Joanna Cachia, Jamie Alexander Grech, Cecil Vella. Mater Dei Hospital Malta

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Background Prescription errors represent a pervasive problem found across many hospitals and the ubiquity by which antipyretics are prescribed in paediatrics makes them a frequent source of error. Such avoidable errors not only lead to actual physical harm for the child, but also incur financial and legal costs on the service provider, dampen public confidence in the health care system and predispose to negative psychological impact the FA-M/E would have on clinical outcomes. Due to study design or insufficient CSF volume, many samples did not undergo adjudicatory testing to validate FA-M/E panel results.

Conclusions Adherence to proper prescription practices has been repeatedly emphasised by regulatory bodies and safe prescription is considered an integral part of sound medical practice. Greater attention needs to be paid to appropriate dosing according to indication and route to prevent overdosing. Correct writing of dosing interval abbreviations, as well as recording of weight and allergies in treatment charts is also essential.